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Your Life Is Their Toy

RACKETS—SOCIAL SERVICE AND MEDICAL

By

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☆ ☆ ☆

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☆ ☆ ☆

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EMANUEL M. JOSEPHSON, M.D.

" 'It is apparent that there is a group in this state who have built up a very substantial business, as well as a political organization, out of charity. They have capitalized the benevolence of men and women who want to relieve distress of those less fortunate than themselves and to that end contribute from their private funds. . . .' "

SENATOR THOMPSON, *Report to New York State Legislature of Committee Investigating Charity Trust*—1915.

"In other words, what you find at the present time is that people simply run into the Social Welfare Trust, isn't that true?" asked Lloyd Paul Stryker, counsel to the New York City Aldermanic Committee, Investigating Work and Home Relief.

"Well, it is a tremendous trust; there is no doubt about that," replied James E. Finnegan, President of the Municipal Civil Service Commission of New York City.

Proceedings of Aldermanic Committee,
April 29, 1935.

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FOREWORD

DURING the past century there has been a great improvement in the art of medicine. Some of this improvement does not represent a real advance in medical science, but constitutes the process of retracing ground that was lost when young medical science arrogantly threw aside the age-old tradition of medicine that accumulated and was handed down since the origin of man. But real advance has been made. If this aspect of the subject is slighted, it is not because of failure of appreciation of it. The attitude adopted is prompted by a realization of how much greater might have been the advances of medicine if the abuses discussed did not exist; and by an appreciation of how much needless misery and inexcusable suffering might have been spared mankind.

Health and life are man's most precious possessions; and anxiety to preserve them are natural. It is not surprising, therefore, that they have been exploited since time immemorial. Every age has had its charlatans, quacks and medicine men.

Much in the same measure as social organization has attained its highest pitch in the present era, the exploitation of health and life today has reached its zenith. Never before in history has there arisen such an extensive conspiracy about the problem of public health of entire nations, involving well organized, opposing political and commercial groups.

The consequence of this welter of exploitation is the sacrifice of human comfort, happiness, health and life. It can not be gainsaid that the average span of life has been greatly lengthened in the past century. But it also can not be denied that mankind could be spared much misery, maiming and suffering if the rackets revolving about health could be eliminated.

Mankind has felt quite helpless before these rackets, though their existence long has been surmised. But the attitude adopted has been much like that of the ostrich:

> "Why shall we face the horrors of the situation and permit ourselves to develop a fear and consternation of the medical care and institutions which we must accept when ill? It will only aggravate matters."

This attitude implies a failure to realize that most of these rackets will shrivel and vanish when exposed; and the balance can be destroyed easily by the

force of public opinion and action intelligently directed. It is my purpose to expose them and to point out how the public can act to protect itself.

A word of explanation is in order regarding my use of the word "racket." I use it in the colloquial or slang senses, in all their shades of connotation. As defined in the Practical Standard Dictionary, these senses are as follows:

> 2. (Slang, U. S.) (2) Any occupation by which money is made legitimately or otherwise. (1) . . . a scheme, plan or proceeding . . .

There should be no difficulty in judging from the context which sense it is desired to convey. Some of the passages undoubtedly will be resented and regarded as exposing their subjects to derision. But I say truthfully and sincerely that my motive is not malice. It is the desire to protect the health and life of the public and to see justice done.

The economic organization of society is considered at length because economics lies at the bottom of most preventable ills. Food, shelter and clothing are far more essential to good health than the best of medical care. As the science of medicine advances, this truth is becoming ever more apparent. The parasites who contemplate their future existence in terms of Compulsory Health Insurance and similar destructive enterprises will find little consolation in the approaching day when it will be possible truthfully to say:

"There is nothing that ails me that a little money can not cure."

PART I

The Social Service Rackets

CHAPTER I.

THE NEW DEAL

Made in Germany

SOCIAL SERVICE AND MEDICINE BECOME POLITICAL TOOLS

PRINCE OTTO VON BISMARCK originated the "welfare" and "social service" program that now parades as the "New Deal." In so doing he had no other object than to further his own quest for power. No one who knew the Iron Chancellor could be deceived for one moment into the belief that he had the remotest interest in the welfare of the weak or downtrodden. His mottos were "Blood and Steel" and "Might Makes Right."

The program was a recrudescence of one which was old when it was introduced by the Gracchi in ancient Rome and which eventually destroyed the Empire. It was given to Bismarck largely by Professor Adolph Wagner. It served Bismarck's quest for personal power in several manners. First, it robbed the Socialists of the planks of their platform which made the greatest appeal to the mob—Social Security, Unemployment Insurance, Workmen's Compensation, Health Insurance, and all of the other quasi-benevolent and paternalistic clap-trap. Bismarck shrewdly saw in these plans devices fashioned to destroy liberty and to chain the working class to his program and to any jobs to which they might be assigned. He saw in that program a snare which would deceive them into accepting submarginal wages and the surrender of adequate present existence in return for a mirage of future security. As a means of winning the favor of the workers and of gaining some measure of power over industry and entrée to its records, a part of the cost was levied on the employers. This made of what conceivably might have been a boon to the worker a penalty on industry for offering employment; and meant a tax on industry which materially increased the cost of production. Both factors ultimately operated to increase unemployment.

Second, Bismarck foresaw that with the working class tied to him by this program, he could force into line the German industrialists, the nobility, and finally the reluctant Prussian king, to support his plan of a united German Empire. Junker Bismarck, who had contemptuously spurned any traffic with the working classes, whom he called a "revolutionary rabble," had grown tired of being buffeted about and shelved by his liege lord, the weakling King of Prussia. Adversity had served to make of him a diplomat who could advance from one compromise to another, from one treachery to another, to attain by a series of adroit maneuvers his ultimate goal—the consolidation of his own power by forcing his king to accept the position of Emperor of Germany. How well he planned, history reveals. With the Danish invasion, the elimination of Austrian interference in 1866, and the consolidation of his

position by a treacherously conceived conquest of France in 1870, the German Empire became not only a reality, but also simultaneously a "first class Power."

WORLD CONQUEST PLANNED

But for Bismarck, this was merely a beginning. With far greater vision, he planned the political and commercial conquest of the world—"Deutschland ueber Alles." He placed on Germany the stamp of a national paranoia which still drives it with mad singleness of purpose and signal "success." The World War was a mere interlude, which scholars tell us Bismarck foresaw and would have avoided.

The conquest of world markets by German industry and commerce was planned by Bismarck. In such a struggle the burden of taxation and cost involved in the "welfare" program might have proved a severe handicap. Obviously it was necessary to overcome it by forcing the adoption of the same program and handicap on competitor nations. Resort was had for this purpose to subjugation by ideas, propaganda and "boring from within."

There was launched one of the most persistent, perservering and skilled propaganda campaigns in the world's history for the imposition of Bismarck's "New Deal" on the entire world. Now more than half a century later it still continues to sway history and the world.

BISMARCK'S "NEW DEAL" PROPAGANDIZED

IN THIS "NEW DEAL" PROPAGANDA BISMARCK FOUND MANY ALLIES. THE PRETENDED HUMANITARIANISM OF THE PROGRAM WON OVER MANY UNTHINKING, KINDLY PERSONS AS WELL AS MOST RELIGIOUS SECTS. THESE ARE THE BEST POSSIBLE CAMOUFLAGE AND FRONT FOR ANY PROPAGANDA. THROUGHOUT THE WORLD THESE DELUDED GROUPS STILL ARDENTLY ADVANCE BISMARCK'S DESTRUCTIVE PROPAGANDA.

Allies of unusual value were the labor movement, Karl Marx and his Socialism and the Communist Internationale. Initially Bismarck had regarded them as the arch-enemies of his plan. He had called upon Marx's antagonist La Salle for advice in his fight on them. On his counsel he plucked the "New Deal" from the program which they agitated, with the objective of deflating them.

But Bismarck soon came to recognize what is just beginning to dawn on present day deluded Socialists and Communists. He realized that Karl Marx and his revolutionary Socialism or Communism were shams. He saw that they offered no real menace among Germany's dull, plodding, intense, unimaginative, docile and disciplined workers. He discovered that Karl Marx was an intense German Nationalist who gloried in this "superiority" of the German worker and who sensed that his program offered no threat to his Vaterland. Marxian Socialism was therefore the ideal propaganda weapon with which to demoralize other lands.

KARL MARX WAS PARANOID AND A NAZI

An interesting light is thrown on this situation by a brilliant article by the self-confessed radical, Manuel Komroff, entitled "Saint Karl Marx," that

appeared in the February 1940 issue of *Esquire* Magazine. In it he reveals some extremely illuminating biographic data on Marx that has been brought to light by researches of Robert Allerton Parker and Max Nomad.

Of Jewish origin, Karl's well-to-do father became converted to Christianity, for commercial and social purposes, when he was seven years of age. He also abandoned the family name of Mordecai for the more "Aryan" Marx. The sense of inferiority that is portrayed in this act and its clash with his neurotic dilletantism and innate snobbishness became the motive force of Karl Marx's life. Grafted upon Hegel's pseudo-philosophy, it became the mainspring of his ideas and doctrines.

In a person of Marx's character it was natural that his Jewish origin, the cause of his inferiority, should breed a hatred of the Jews. He used the word "Jew" as an epithet against his enemies. In his work "The Jewish Question" he ascribed the evils of capitalism and of wealth to the Jews and their religion. But Marx was also anti-religious and anti-Catholic. In this respect his views suited the purposes of Bismarck, whose anti-Catholic activities have recently been recalled by the Pope as the origin of the present Nazi activities in Poland.

As a defense against Germany's attitude that Jews were aliens, Karl Marx developed an intense German Nationalism. Among the first words that he wrote were

> "The emancipation of the German is emancipation of Man."

His sham pacifism and internationalism vanished with the outbreak of the Franco-Prussian War, and was replaced by martial enthusiasm and anxiety for a German victory. Expert at self-deception by dialectics, he justified his attitude in a letter to Engels as follows:

> "The German working class is superior to the French from the viewpoint of organization and theory."

In a victory of the German state he saw a victory of the German working men and, above all, of his theories. Dialectics alone can match these views or his advocacy of class hatreds and wars, which in final analysis is the most pernicious form of civil war, with his pretended internationalism or championship of the working classes.

HATE WAS HIS CREED AND "PURGE" HIS HABIT

Marx's hatred, like that of the Nazis, extended to all non-Germanic groups, even those that supported his movement. He disparaged the Negro and held the Russian revolutionaries in contempt.

Karl Marx came from an affluent family and never did a day's work in his life. It was his incompetence as a business man that bred in him a hatred of all who possessed property, the Capitalists. It was his inferiority that aligned him as a bitter supporter of the "have-nots," of Labor. His hate extended to the laborer as an individual. For his daughters he chose rich capitalists.

His neurotic, paranoid character and overwhelming sense of inferiority gave rise in Marx to a compensatory illusion of superiority that insists upon

autocratic and absolute dominion and to violent suspicions that were the origin of the "purge" complex.

HIS IDEAS WERE PLAGIARIZED FALLACIES

Utterly lacking in originality or capacity for lucid thinking, he showed faith in his concept of the distribution of wealth only by expropriating the fallacious ideas of others. Foremost among the fallacies which he borrowed was the so-called "Law of Supply and Demand." In its converse form—"scarcity lends value"—he justified its application to the determination of human values, and made it the basic idea in the plans of labor organization. This means to say that he accepted and imparted to his followers the idea that man is a tool and slave of the State, which contrasts so sharply with humane and enlightened concepts which regard the function of the State as service to man.

NAZI GERMANY IS PERFECT MARXIAN STATE

This basic fallacy of Marxian doctrines is of vast significance. For it ultimately justifies all measures which restrict and reduce population, such as war, exile, purges and birth control. It justifies barring fellow men from employment, and the opportunity to earn a livelihood, even when those fellow men happen to be unionists' own children. It justifies all the barbarisms which characterize present day society. The perfect expression of this phase of Marxism now extant is Nazi Germany. Hitler alone has carried the Marxian idea to its logical conclusion.

The anti-social character of Marx stamps the entire propaganda and doctrines that bear his name. It is indeed ironic that they should take the name "Socialism." For no doctrine is more anti-social or more destructive to the organization of society.

BISMARCK REGARDED MARX AS ALLY

Bismarck came to regard Karl Marx as an important ally in his Pan-Germanic propaganda. He appreciated that Marxian Socialism planted in other lands would disrupt and demoralize them and would hasten the conquest of "Deutschland ueber Alles." Bismarck eventually invited Marx to return from exile and offered him the editorship of his own paper. Marxian propaganda tracts printed in many languages became some of Germany's principal exports.

Only a dialectitian trained to reason away the obvious and the truth can fail to realize that state ownership of the machinery of production implies irresponsible ownership and neglect. For what belongs to everyone belongs to no one, and is neglected by everyone for a reason that is axiomatic and becomes evident from a psychologic experiment on rats.

RATS DEMONSTRATE FALLACY OF MARX'S DOCTRINES

Three rats were placed in a cage that was provided with three levers which released food to them from an overhead trap. The rats rapidly learned to press on the levers and catch the food. More complex conditions were then introduced into this rat society. The levers were placed on the opposite side of the cage distant from the traps that released the food. Only one of the rats had sufficient intelligence to associate pressure on the lever, with the

distant release of food, and initiative and energy to do it. But this was of little avail to him. For the stupid and slothful rats learned to grab the food released by their ambitious colleague. Though he worked unremittingly he seldom managed to get the food which he released and died of starvation.

Most humans are like the stupid, slothful rats. For that reason Socialism, Communism and state ownership of machinery of production are doomed to failure. Eventually they degenerate into a dictatorship of the most forceful and most ruthless member of the community; for in final analysis the rule of the abstraction, the State, is the rule of an individual. The more absolute the power of the State, the more autocratic is the rule of that individual. Thus the Communist or Socialist State is inevitably a dictatorship. By its virtue, the dictator is owner of everything and everybody he surveys—he is a perfect feudal lord. Such over-centralization of power naturally implies the end of efficiency and initiative and the disruption or destruction of industry, commerce and social organization.

FASCISM IS MORE FRANK THAN COMMUNISM

Communism and Socialism seek to dissemble and hide their true character and purpose. Bismarck's "New Deal", Fascism and Nazism are more frank and realistic in seeking the same goal. But in their ultimate expression they all turn out to be identical forms of feudalism. They imply dictatorship based on class hatred, established by propaganda and intrigue, and maintained by force and by violence. They are aptly designated as Bismarxian or Communazi programs. For one who understands their identity there is no surprise in current European events.

BISMARCK'S PROGRAM FURTHERED BY COMMUNIST INTERNATIONALES

The Communist Internationales became important agencies of propaganda of Bismarck's program. This is illustrated by the fact that through them Communism was planted in Russia during the World War with the aid of the German General Staff and of German funds. This is made clear by Colonel Nikitine, the organizer of the Russian counter-espionage, in his book "The Fatal Years." Recent events have made it startlingly clear that Germany has maintained her grip on the Communist movement throughout the following decades. The unity of purpose of the Bismarck's propaganda and that of Communist Russia has been fully confirmed by the Communazi alliance.

BISMARCK'S PROGRAM FURTHERED BY ORGANIZED LABOR

The Labor movement has been a part of the Bismarxian and the Communazi propagandas from their very beginning. It still continues to serve the purposes of Bismarck as a most efficient agency for paralysis of industry and commerce and for fomenting misery and unrest. It owes its efficiency to several features in a democratic land. It is a mob that commands a large vote which compels the attention and compliance of the Government. By demanding an ever larger share of what it aids in producing, it can bankrupt and destroy commerce and industry. It simultaneously increases unemployment and the burden on the national treasury. Eventually it leads to destruction of the nation.

It masks, under the camouflage of "class war," acceptance of the basic fallacy underlying Karl Marx's doctrines—man must be scarce to have value. Labor is not only destroying itself by its greed and ruthlessness, but is also destroying its children. It is notable that it is Labor that has barred a refuge in this country for the victims of persecution abroad without a dissenting voice from its ranks. For it recognizes the same motives as prompt the Nazis as its basic doctrine.

Led usually by gangsters, thugs and racketeers and allied with equally unscrupulous groups, Organized Labor has seized control of the governments of nations and converted them to base and destructive uses. In so doing it prepares the way for the conquest of Bismarck's successors. Whatever justification labor unions may have had and whatever sympathy they may have deserved they have forfeited by their criminal purposes and actions. Theirs is not the way to salvation of their cause. It is the path to destruction.

EDUCATION CONVERTED TO PROPAGANDA

Propagandists and pseudo liberals in the guise of "authorities" and college professors have been ever at hand to instigate and justify the subversive activities of Labor. On the payroll of unions, prostituted to their dictates, with lectures censored by the union "leaders," they act as show-fronts for their racketeers and are accomplices of their gangsters. They reflect the thoroughness of Bismarck's organization of his propaganda.

Germany's entire education system, as well as her diplomatic corps, was made part and parcel of the Bismarxian propaganda system. Subsidized learning and scientific achievement were widely advertised and publicized and lent color to claims of German intellectual superiority. Trading on this reputation, Germany was able to palm off on the world pseudo-sciences, such as sociology, social service and modern economics, which are nothing more than very thinly disguised, false propaganda.

A system of recognition, adulation and decoration of foreign educators and scientists fostered their teaching doctrines that served the purposes of the Bismarxian propaganda. Germany thus made the education system of other lands a part and parcel of her propaganda machine. The Communist propaganda machine which has recently been exposed as dominating our entire school and university system, is but a subsidiary of the machine which Bismarck built.

ONLY THOSE INDOCTRINATED WITH THE PROPAGANDA GET DEGREES

The education system of the United States has been made completely a part of the Bismarxian and Communazi propaganda machine.* For many years it has been difficult for a student who does not espouse Marxism to secure a degree in the social sciences from many representative American universities of the highest ranking. Bismarxian doctrines have been

* For conciseness of expression I designate all propaganda of this category "Bismarxian" or "Communazi", and dub those who spread them accordingly. It is not meant to always imply that the persons so designated are intentional propagandists. On the contrary, there are numerous deluded folks.

taught as "social science" to teachers of the country's youth in training schools, especially in Teachers' College of Columbia University, which has set the pace. Higher education in all fields has become ever more restricted to students who foster the propaganda. Germany naturally played her part in bolstering the reputation of her professional propagandists.

Student organizations, youth movements, and a thousand and one front organizations have furthered the propaganda. Today American children are taught Bismarxian propaganda from the day they enter school, whether private or public. They learn to read from propaganda tracts. They learn their arithmetic on union wage problems. History is tinged with Communism from the start. The investigations of the Congressional committees on alien propaganda in the U. S. have scarcely begun to scratch the surface of this propaganda launched by Bismarck, which has become so ingrained in the nation's thought and speech that it habitually talks in its terms.

CONTROL OF PUBLICATION VESTED IN PROPAGANDISTS

Newspapers, magazines and book publishing houses have been purchased or subsidized to spread the propaganda. Propagandists have been placed in editorial positions and a censorship was established. By intensive publicity and propaganda paid for with alien funds have been boosted the reputations of conscious or subconscious author-propagandists. It has become difficult or impossible for any dissenters to surmount the virtual censorship that has been established and to gain publication of their views.

Even supposedly conservative newspapers such as the New York *Times* came largely under the influence of these groups. Its late editor John H. Finley was one of the leaders of Organized Social Service and one of this country's most effective liberal propagandists. And its editorial writer Simeon Strunsky is derived from a group distinguished as leaders of Marxian Socialism. Finley's successor Charles Merz, was formerly editor of the left-wing *New Republic.*

Funds of the so-called Wertheim Foundation openly came to the support of a tottering magazine, *The Nation,* which had always served as the spearhead of the propagandists. This financing continued until the Hitler regime rose in power.

Its former chief editor, Oswald Garrison Villard, is German-born and partly of German descent. He proved his German sympathies by his activities during and after the World War, and acknowledged that his heart is really German in his recently published autobiography. He acknowledges in his autobiography the large part he has played in palming off the measures that compose the New Deal on gullible America. In the anniversary number of *The Nation,* published in January 1940, Villard gloated that its editors have influenced, more than any others, the political, social and literary thought of the times.

CONSEQUENCES OF "NEW DEAL" IN GERMANY

How Bismarck's "welfare" program served the purpose of destroying both the Socialist working class whom he abhorred and the smug industrialists whom he detested, is portrayed in the petition of the Federated Industries of Ger-

many to their Government in 1929, in which they pleaded that the so-called "welfare" program of Bismarck's, fallen into Socialist hands, threatened the existence of the nation and its industries. The report read as follows:

> ". . . Appropriations for public undertakings . . . and increased outlays for welfare institutions offer less resistance than does an attempt to improve the standard of living through the natural process of economic development. . . . The intervention of the state should be restricted and should extend only to such branches as cannot be served by private enterprise. . . . The way of socialization leads to destruction of economy and pauperization of the masses, and German industry recognizes in it a danger not only to private enterprise and the working man, but also to the nation at large. . . ."

The German Republic disregarded this warning of crisis and of the dire consequence that would inevitably follow. The results of the Marxian fallacies we all know.

CONSEQUENCES OF GERMAN "NEW DEAL" TO INDIVIDUALS

The consequences to the individual of this "welfare" program are portrayed in Hans Fallada's "Little Man, What Now?" High taxation and regimentation led to restriction of opportunities for employment. Large deductions from wages in payment for the program barred adequate existence, much less the possibility of savings and a reserve. The laborer led a hand-to-mouth existence on the verge of starvation. Thrown out of employment under these circumstances which accentuated dependence upon the job held, he was placed at the none-too-tender mercies of an arrogant Unemployment Relief bureaucracy supported by the deductions from his wages. After a brief period during which he was given the unemployment allowance, which scarcely sufficed for mere existence, he was cast out to shift for himself and starve. For the mirage of security he had all but starved himself while employed to pay the taxes. The "security" proved to be starvation and misery. This is the Bismarxian "welfare" program in its ultimate expression.

KAISER WILHELM DISCLOSED PROPAGANDA

Bismarck's foreign "New Deal" propaganda came out into the open in 1890, when Kaiser Wilhelm II for personal and strategic reasons (which included a survival of the resentment which his grandfather had held against Bismarck for forcing him into the undesired role of Emperor of Germany) resolved to drop the "Pilot," Bismarck. To strengthen his position he first sought to win over the German Socialist and Labor elements. In so doing, he let the cat out of the bag with regard to the stimulation of Socialist and labor propaganda in other lands when he called an *International* Congress on Labor Legislation to consider the plight of the German workers. When an individual so jealous of his prerogatives and so contemptuous of menials appeared so anxious to share the consideration of the internal difficulties of his Empire with others, there was obviously something evil afoot.

GERMANY FOLLOWS BISMARCK'S PROGRAM

It is the spirit of Bismarck that still clumsily leads Germany today along the path he laid out. The present status of Germany is a direct, logical and

inevitable consequence of the concepts of Marxian Socialism and of the "welfare" program, the "New Deal" devised by Bismarck. Its development is guided by Hitler's "Brain", Professor Haushofer and his Geopolitical Institute. The class hatred of Marx is converted to another equally absurd hatred—the Aryan. Marxian internationalism translates itself rationally into Aryan internationalism. The war on capitalism logically assumes the form of raping of other lands; for the Marxian definition of "capital" in final analysis is "the other fellow's property." Restriction of the supply of labor to control its wage is served by eliminating minorities. The philosophy of Marxism and Nazism are obviously identical. Nazism is merely the active tense of Marxism. Dorothy Thompson alone among our current commentators, seems to have grasped this fact.

ENGLAND SUCCUMBS

The first of the formidable competitors of Germany that succumbed to the propagandized Bismarxian program was England. A few years before the World War, Great Britain was forced by the agitation among her working classes to swallow the whole bait—hook, line and sinker. German industrialists openly urged upon Parliament the adoption of the program. England thereby set in operation forces which now threaten the fall of the British Empire. Premier Ramsay MacDonald in an address before Parliament in 1929, frankly blamed the welfare, dole and health insurance laws for the insoluble economic problem presented in England by the unemployment situation.

From the point of view of American affairs, even greater significance was lent the situation when the wholly alien ideas were given an aura of respectability in the eyes of American Tories. This was accentuated by the fact that British industry was now in the same position with respect to the cost of the "welfare" program in its competition for world markets. It became of interest also to British industry that the United States should adopt an identical, handicapping program.

It was not long before Sir Arthur Newsholme, representing the British Ministry of Health, began to visit this country to lecture systematically on the advantage of the "Security" and "Socialized Medicine" plans. He joined forces with the local agitators for the adoption of the program, in spite of the fact that it has resulted in England in a steadily rising death rate that culminated in 1938 in one of the highest death rates in the civilized world.

FRANCE SUCCUMBS

That the evolution of the program in Germany and England is not an isolated accident but is a natural consequence is revealed by the experience of every country that has adopted it. The experience of France is a clear-cut demonstration. Succumbing to the propaganda, France adopted the Bismarck program in 1932, after Minister Loucheur had assured the Chambre de Deputés that its cost would merely be ten percent of the national income. At that time there was practically no unemployment in France in spite of the depression which raged in the rest of the world. No sooner was it put in force than the cost of living in France rose forty percent. As a consequence

the workers, whose existence has always been a marginal one, were forced to strike to avoid starvation. As usual, the "security" program precipitated economic collapse and insecurity, as its author had designed. This is well portrayed in Van der Meersch's "When Looms Are Silent."

PROPAGANDA LAUNCHED IN THE UNITED STATES

The earliest published record of the launching of the Bismarxian propaganda in the United States is found in the report of the German subsidized International Association For Labor Legislation (reported in the American Labor Legislation Review, V. 4, p. 511, 1914):

> "Work towards the formation of an American Section was initiated in 1902, when the Board of the International Association began to make its objects known in the United States and to form connections with interested individuals."

Numerous other organizations were launched to further this Bismarxian propaganda. Prominent among them was the American Association for Social Security, as it is now called and the American Association for Labor Legislation.

The engineering of this program of propaganda, as has been related, brought into play all the usual devices of the craft. All its phases were touted as "liberal" by converted or subsidized writers, lecturers, labor agitators, professional malcontents and university professors. Particular attention was given to the seduction of the younger generation in schools, colleges and universities. Magazines and periodicals were subsidized, or founded, to agitate these "liberal" measures.

Capitalizing on human nature and the desire to conform, "polls" of "popular sentiment" have been developed into superlative tools for propaganda and influencing public opinion. Hero worship of leaders that is so essential for a dictatorship has been fed by sickening adulation of them by fellow-travelling or prostituted columnists. Book clubs have been organized to control what is published and read by the nation. Finally, vested interests in the form of highly-paid positions were created for the leaders of the various movements that were gotten under way by the propagandists.

In due time the propaganda began to assume the form of an indigenous movement and its foreign origin was completely masked and forgotten. So widely and insistently were the Bismarxian ideas touted as "liberal" that in due time anyone who realized their false and specious character was put in the light of an extreme conservative or "reactionary."

JUNIOR LEAGUE AIDS THE PROPAGANDA

Social service agencies and foundations proved to be most effective in raising this alien propaganda above all suspicion. They also enabled placing the burden of financing the propaganda on the very people who were to be seduced. This was done by collecting funds and endowments ostensibly for charitable and other purposes. Organized Social Service joined hands with the Socialist and labor elements to form the self-styled "liberal" group.

One of the most ironic consequences of the participation of social service

in the propaganda was that it converted the Junior Leagues of the nation to its use. For the Junior League has always fancied itself as a social service organization with a social background. This meant that the very groups that the propagandists sought to destroy became the agencies of their own destruction.

Foremost among the social service agencies which furthered the propaganda in the early days were the Russell Sage Foundation and the "Charity Trust." The latter group, as will be related, assumed leadership until misuse of charitable funds was exposed by Senator Thompson's investigation in 1914-1916.

The leadership was then vested in the New York Tuberculosis and Health Association and its Director and officers. Under his guidance, the social service forces of the country were welded into a large unit with an annual income of billions of dollars; and they have attained control of the Federal Government and of the destiny of the nation.

BISMARXIAN PROPAGANDA EMERGES AS ROOSEVELT'S "NEW DEAL"

Depression gave the propagandists their long sought opportunity to effect the destruction of the U. S. from within by driving the nation into bankruptcy. By prolonging the depression, by disrupting industry and commerce, perpetuating unemployment, by squandering the nation's resources on Relief and subsidies of waste, they might precipitate revolution and totalitarian dictatorship.

The Relief Administration launched by the New Dealers is squandering public funds, dissipating the resources of the nation and tremendously increasing taxation and the national debt. Mounting taxation is crushing many industries and increasing unemployment. In this manner the plan of the propagandists is rapidly being carried to completion.

SENATOR ROBERT F. WAGNER, "AMERICA'S BISMARCK"

With the exception of Compulsory Health Insurance every phase of Bismarck's destructive "New Deal" has been adopted by the United States. All significant phases of the program have been sponsored in Congress by German-born Senator Robert F. Wagner, who has been aptly nicknamed the American Bismarck. President Roosevelt is reported to have remarked that practically every "New Deal" measure was a "Wagner Bill."

Interesting in this connection is the charge made in 1917 by Mayor John Purroy Mitchel that State Senator Robert F. Wagner was a "Prussian," impugning his patriotism. Mayor Mitchel subsequently withdrew the charge when a land deal had been compromised.

Most notable among these "Wagner Bills" is the National Labor Relations Act. On the pretense of protecting labor, it destroys employment. With Workmen's Compensation, Unemployment Insurance, Old Age Pension and Wage Hour Laws it ties the employer in a meshwork of regulation and red tape that makes giving employment an involved and dangerous undertaking. Any one of these laws may precipitate an employer, without intent to do wrong, into the criminal class and may impose on him bankrupting penalties. These

laws deliberately penalize an employer for giving employment to fellow men. The Labor Relations Act caps the climax by placing the employers' business and fortune at the mercy of labor leaders. No better device could be conceived for discouraging initiative in industry and destroying possibilities of employment.

NATIONAL LABOR RELATIONS ACT VICTIMIZES COMMUNITY

The Act pretends to protect the worker but instead places him almost as completely at the mercy of unions as it does the employer. He is compelled to pay a tax to the labor unions for the privilege of working and to submit to their extortions. Labor leaders and unions, though they violate the interests of both employers and workers, are protected in their destructive racketeering by the Labor Relations Act.

It is not an accident that labor leaders are drawn from the ranks of racketeers, thugs, gangsters, procurers and other species of human vermin. For the criminal activities with which they are familiar, match the functions assigned to labor unions under the Labor Relations Act. With the aid of the Act and of a cooperative government and Labor Department, labor leaders have been given complete monopoly of the right to limit freedom of employment that supposedly has been guaranteed under the Constitution. They also have been given control of industry and commerce and are free to perpetrate hold-ups on them or to loot them at will. On the pretense of protecting the worker, the Act gives unions the right and power deliberately to foster unemployment by harassing and bankrupting industry.

How labor unions and their rackets have been used to establish monopolies in the building trade and to destroy employment is clearly portrayed in the indictment which Assistant Attorney-General Thurman Arnold has brought against the building trades. So great is the prostitution of the press to the labor rackets that prior to this indictment Westbrook Pegler and Dorothy Thompson alone among the fourth estate dared expose it.

The Wagner Act has made Organized Labor the most effective agency for effecting the Bismarxian program of destruction. Congressional investigations have revealed that some of the personnel of the National Relations Board are unprincipled partisans of the unions and labor racketeers; and many of them are frankly Bismarxian, Communist or Socialist agitators who are using their position to disrupt and demoralize industry with the objective of "distribution of wealth" and revolution.

RACKETEERING COLLEGE PROFESSOR PROPAGANDISTS

The Bismarxian propagandists and the ruthless agents whom they have been so successful in imposing as leaders on many unions, with the aid of the Wagner Act, are ably aided by prostituted college professors who camouflage their propaganda activities with Marxian dialectics and collect the bulk of their wages from labor unions or from alien powers. The professors' mental, moral and intellectual levels are often scarcely as high as that of the racketeering labor leaders.

These propagandist professors regard it as most important to paralyze the

powers of independent thinking and reasoning of their students, so that they will be completely entangled in the Bismarxian doctrines. They do this by leading them to accept those doctrines as a matter of faith; and then proceed to set up a defense of that faith by a system of dialectics that would suffice to prove that the truth is untrue and white is black. Students thus trained become perfect pawns for the propagandists. This has become the true function served by our educational system.

Most grotesque is the spectacle of professors, the bulk of whose income depends on remaining on the payrolls of labor unions, acting as "neutral" arbitrators in that capacity they are ably abetting the looting of industry.

Great interest and much questioning was aroused by the decision of Professor Landis, Dean of Harvard University Law School in the Harry Bridges matter. Professor Landis is a disciple of Judge Felix Frankfurter.

INDUSTRY AND LABOR PROTEST IN VAIN

Both industry and labor have protested vehemently that the Wagner Labor Relations Act is doing them grave injury. Its enforcement promptly precipitated more strikes and industrial turmoil than have existed ever before in the nation; and was followed by an arrest of recovery and the development of another depression. It is notable that Senator Wagner has not been very mindful of the vehement protests of both industry and labor that his bill has been destructive to them. His chief concern has been that the forces which he set loose shall continue to operate despite the complaints that they are disruptive and destructive to employment and prosperity.

PROPAGANDISTS ROB AND GOAD YOUTH

The success that has crowned the activities of the propagandists as *agents provocateurs* is aptly illustrated by the National Youth Congress held in Washington early in 1940. By its labor legislation, its anti-industrial activities and its deliberate "regulation of business cycles," which means prolongation of depression, the "New Deal" has robbed American youth of their chance for employment and their opportunities. The New Deal propagandists have deliberately utilized the bewilderment of these youths to foster a spirit of revolution among them that can in no wise better their status but does advance the Bismarxian "cause."

It is predictable that politicians who seek the vote of labor and bow to the dictates of racketeering labor leaders to sponsor legislation that fosters their destructive propaganda, soon will rudely awaken to their errors. They will find that the labor racketeers are losing their grip on disgusted followers and will not "deliver the vote." The only things for which dependence can be placed in them are fostering unemployment, destroying industry, defending the Communazi party-line and paralyzing American defenses in the case of war.

CORDELL HULL'S ACTIVITIES HELP THE "CAUSE"

By Secretary of State Hull's reciprocal trade treaties the American market is deliberately opened to the devastating competition of products from coun-

tries with the lowest conceivable standards of living and wages. This is done on the pretense that it provides export markets for American products. The falseness of this pretense becomes apparent from the figures that indicate that the United States market, which is almost 90% of the World's market for most fabricated products is being surrendered in return for the infinitesimal market generally offered by foreign lands. The real function of these treaties in Bismarck's plans is to perpetuate and accentuate unemployment.

The domestic "New Deal" propagandists are leaving no stone unturned to accomplish the destruction of our industry, commerce and government. They are carrying into effect the plans of Bismarck and of Karl Marx with the aid of their fellow-travelers.

SOCIALIZED MEDICINE WILL ADD TO BURDEN

There still remains one phase of the Bismarxian or Communazi program that has not been saddled on the United States—Socialized Medicine. This phase has proved the most costly and ruinous to the nations that have adopted it. Senator Robert F. Wagner has already introduced his Socialized Medicine bill providing for an expenditure of eight hundred million dollars, Senator Mead another for the expenditure of three hundred million dollars, while President Roosevelt has asked for immediate appropriation of ten million dollars for hospital construction. It is evident that the propagandists and politicians have joined hands and are proposing to kill two birds with one stone; while damaging industry with an added tax burden and thus increasing unemployment, by their raid on the Federal Treasury they hope to gain a fund for setting up a colossal pork-barrel that will replace the dwindling Relief appropriations.

GERMAN DYE TRUST SUPPORTS SOCIALIZED MEDICINE PROPAGANDA

Active in the support of the propaganda for Socialized Medicine are the sixty-five American subsidiaries of the German Dye Trust and its allies. Even through medical publications which they influence or control, such as the Medical Record, the propaganda has been poured. The American Science Writers' Association and newspapers such as the New York *Times* also have actively propagandized for Socialized Medicine.

The editor of an independent medical journal who is also medical director of the German-licensed drug corporation, explained the situation to me. I phoned and visited him in the Spring of 1939 to protest against the palpably biased and erroneous ideas of a Federal propagandist and others in the medical journal; and against the censorship maintained over the *"Open Forum"* of the Journal which barred a truthful reply. The doctor stated that he and his group favored Socialized Medicine. They realized that it, together with the Tugwell bill, would drive competition out of the drug business and give the powerful and "efficient" concerns a monopoly of the field. This has been the history of Socialized Medicine in the thirty-odd countries that have adopted it.

CONTROL OF DRUG INDUSTRY SOUGHT

In systems of "socialized" medicine the cost of maintenance of the bureau-

cracy, the records, and the infinite "red tape" is so large that little is left for the purchase of medicines and appliances. To hold down the drug costs the doctors are penalized for prescribing drugs which patients require that are costly. Only the cheapest products are allowed. Though the margin of profit is small, the volume is enormous and the possibilities of profits are large.

The Dye Trust, with its control of basic patents, its subsidies, and its "efficiency," has managed to undercut and to gain control of the drug industry in almost every country which its propaganda has helped saddle with Socialized Medicine.

CONSEQUENCES OF NEW DEAL

The results of the "New Deal" in this country will inevitably be identical with its outcome in Germany and in other lands unless it is brought to a timely end and unless sanity is restored. Mounting taxation for "welfare" measures will increase costs of production and lower net wages. Our competitors for the markets of the world will be enabled to undersell us by so much more. As the purchasing power of the nation is reduced by the "welfare" expenditures and taxes, production will continue to drop.

The Marxian notion that labor must receive all the value that it creates, combined with a managed economy, will wipe out surpluses and reserves of individuals and of the nation. Application, according to the Marxian labor doctrines, of the "law of supply and demand" to human labor will result in a steadily increased pressure for a reduction of "surpluses" of humans. This inevitably will result in elimination of minorities.

Social organization will no longer pretend to serve mankind. Instead, mankind will be crushed in crack-pot theories of economics and sociology. The World will continue to "plough under" humans at the behest of Organized Labor exactly as it is now doing with German refugees. So do modern-day "Socialism" and "social" philosophy belie their names.

Managed economy" will be the sugar-coated mask for suppressing the freedom and liberty for which this country once fought. Their destruction is a quack remedy offered by propagandists and foreign agents for the defect of our economic organization which has failed to provide the basic freedom of employment. The principle is obviously: "Two wrongs make a right."

"TROJAN HORSE" TACTICS

Thus we can discern how well Bismarck and his advisers calculated the destruction of competitors of the Vaterland. Nothing can be so destructive as false ideas. The German General Staff well realized this when it planted Marxian doctrines and Communism in Russia and subsidized its propaganda and growth for the purpose of effectively destroying an enemy. Simultaneously it thus prepared the way for a conquest of totalitarian concepts. The same ideas are effectively paralyzing the United States.

Most amazing and most menacing is the bipartisan support of the propagandists' objectives by both major political parties. Both Republicans and Democrats have been deluded into supporting the "cause." Some of the "Brain Trusters" who have been called upon to draw up the economic and labor program of the Republican party are members of the same radical group as

framed the Democratic "New Deal." Most of the presidential candidates thus far mentioned also represent the same interests as are behind the present regime. The situation has been aptly described by Assistant Attorney General Thurman Arnold in his reply to Dr. Glenn Frank, Chairman of the Program Committee of the Republican Party, at a meeting of the Phi Beta Kappa in New York City on February 20, 1940. As reported by the New York *Herald Tribune,* Mr. Arnold said that the agreement was so extensive that he and Dr. Frank, and the rest of the Democrats and Republicans, "are now all New Dealers together."

Another demonstration of the multi-partisan character of the "New Deal" propagandists is the status of Mayor Fiorella LaGuardia. Originally a Socialist, he successively turned Democrat, Republican and Fusion. As staunch advocate of the "New Deal" he has been mentioned seriously as a Democratic vice-presidential nominee and also has been named in the Illinois primaries as a possible Republican nominee.

The Bismarxian propaganda has proved itself unexcelled by the amazing success of its "Trojan Horse" manoeuver in American politics. Senator Edward R. Burke of Nebraska has well described these tactics in his analysis of the Wagner National Health Bill. He said:

> "A member of Congress takes his political life into his hands when he ventures to vote against a bill which on its face advances the health of the nation and provides better care for the underprivileged."
>
> He states that the propagandists take advantage of the sham and pretended objectives of the bill and accomplish their ends by placing "emphasis upon objectives rather than methods. Anyone found in opposition is accused of sinister motives. Seldom has more formidable propaganda on behalf of legislation been organized than in the case of this measure."

These methods have characterized all the activities of the Bismarxian propagandists and their Social Service allies, as will be related.

The experience of Russia and Norway illustrate that from the military point of view the Bismarxian propaganda can be quite as effective as from the economic. Peace fronts, moral "rearmament" movements, sabotage and labor agitation, disaffection, and elaboratedly organized espionage and treason plots have aided effectively the conquest of "Deutschland ueber Alles." The U. S. may soon feel the full effects of these malign influences unless it can root out the corrupting menace of the Bismarxian or Communazi propaganda, boring from within. For the "Fifth Column" in the United States is now far vaster and more deeply rooted than the most eager investigators suspect.

CHAPTER II.

THE "CHARITY TRUST"

SINCE the pretended purposes of the propagandists of Bismarck's "welfare" program matched their own ideals, many sincere, well-intentioned but unthinking people supported their alien activities. The labor elements and the social service groups joined forces with them from the start.

Recent Congressional investigations have made familiar to the American public the practice that alien propagandists have adopted in this country of saddling on it the cost of their poisonous activities and their method of converting them into seemingly indigenous movements. They do this through established organizations over which they acquire control or by setting up real or paper organizations; and thereby establish "fronts" and acquire "fellow travelers."

The American Association for Labor Legislation, the labor unions which numbered in their ranks many of the offspring of German refugees of 1848, and the Socialist Party were natural tools for these propagandists. Social service organizations, in the early decades of this century, were also ideally adapted to serve the purposes of the propagandists.

Taking origin in the personal kindliness of charitable individuals and in the "uplift" work of religious organizations, social service had become converted to political and commercial uses that matched Bismarck's original purpose. In a spirit of big business they also had reached out to seize other organizations and the sources of revenue which they controlled. The devices of mergers, holding companies, and monopolies were quite familiar in the field of social service; as were also unscrupulous commercial rivalries and wars. It was natural that an alliance was quickly effected between the well-heeled alien propagandists and their jingling purses, and the key social service organizations. In this manner the charitable and philanthropic funds of our people became available for alien and subversive propaganda in the first decade of this century.

DOMINANT OFFICERS AND AVOWED FUNCTIONS

The most influential of the social service agencies which became agents of the propagandists was the New York City group which was designated the "Charity Trust." Its activities came into such disrepute that in 1914 an investigation of them was demanded of the New York State Legislature and was made by the Thompson Committee appointed by it. Hearings before the Committee revealed how the moneys collected by these agencies for supposedly charitable purposes were converted to personal use and to commercial and political propaganda. The following is gleaned from evidence presented before the Committee.

The front rank of the "Charity Trust" was comprised of three organiza-

tions, the Association for Improvement of the Condition of the Poor, t
Charity Organization Society, and the State Charities Aid Association. T
nominal heads of these organizations were John A. Kingsbury, the active he
or "boss" of the A. I. C. P., Edward T. Devine, the General Secretary
the C. O. S. and Homer Folks, General Secretary of the S. C. A. A. The
men took turns in the position of New York State Commissioner of Charit
and dominated the policy of the Department with the aid of their organiz
tions. They also held positions in several organizations and served on inte
locking directorates and commanded munificent salaries from charitable fun

A secretary of the S. C. A. A. who attained later great prominence and i
fluence as a leader of social service, an educator, and editor in chief of t
New York *Times* was the late John H. Finley. He exerted all his powerf
influence in the support of social service.

Thus Edward T. Devine, General Secretary of the C. O. S., was also he
of its affiliate, the School of Philanthropy, and Professor of Social Econon
at Columbia University, which two positions netted him $20,000 a year.
addition, he served on several boards of directors. It was revealed that t
secretary of the Buffalo branch of the C. O. S. received a salary $4,000 high
than that of the Mayor of the City. Homer Folks, the head of the S. C. A. A
drew a salary of $8,000 a year in that capacity, and received $100 each wor
day in addition to a salary of a thousand dollars a year and all expenses as
member of the Public Health Council.

The nominal purpose of these organizations and their funds is illustrate
by the charter granted the C. O. S. by New York State Legislature in 188
which stated as follows:

> "To obtain from proper charities and charitable individuals suitab
> relief for deserving cases."

Evidently it was planned to dominate other charities and was designed as
means of securing funds from charitable individuals and "distributing the
wealth."

The direction of this "distribution of wealth" and the uses which the
organizations made of the moneys they collected were illustrated by the test
mony before the Thompson Committee. It revealed that of the $346,000 co
lected by the C. O. S. in 1914 "for relief of the poor" only $90,000 was pa
out to the poor. Likewise the Association for Improvement of the Conditio
of the Poor collected $500,000 "for the poor" and spent $170,000 in the pa
ment of salaries of its personnel and an additional $80,000 for administratio
The State Charities Aid Association collected $120,000 "for relief of the poo
and none of it was distributed to the poor. OF A TOTAL OF MORE THA
$900,000 CONTRIBUTED FOR "RELIEF OF THE POOR" TO THESE THREE S
CIETIES ALONE, LESS THAN $340,000 WAS ACCOUNTED FOR AS BEING DI
TRIBUTED FOR THAT PURPOSE.

ACTIVITIES

Some of the uses that were actually made of these charitable funds we
revealed by the Thompson Committee and by subsequent investigations. T
organizations fought vigorously the Mills-McCue bill granting pensions

widowed mothers, in spite of the fact that they had received funds from the Rockefeller Foundation for such pensions and were appealing to the public to subscribe an additional $130,000 for that purpose. They opposed the bill because they wanted control over these activities, which the bill did not grant.

In the same manner they sought monopolistic control over every branch of charity, philanthropy and social service. Those organizations which they could not control they sought to destroy. At various times they fought for control of the Federation of Churches, the Volunteers of America and the Salvation Army. They have even opposed the direct gifts of individuals to beggars.

To control the charity and philanthropy of folks of wealth, they established training schools and employment agencies for secretaries and confidential employees of the wealthy. The first purpose was served by the School of Philanthropy, the name of which was later changed to the School for Social Service. It was established under the auspices of the C. O. S. in 1905. At its head was Edward T. Devine, assisted by Mr. Lindsay, professor at Columbia University. Its graduates, so long as they proved amenable, were placed, through several employment agencies which the group dominated, in positions where they could control the philanthropies of the wealthy and divert them in desired directions.

Through friends the C. O. S. and its allies gained a control from the very start over the philanthropies of Mrs. Russell Sage and of the Russell Sage Foundation which has enabled them to divert it into any channel they have seen fit. In these activities the organizations were aided, wittingly or unwittingly, by many persons in high social and financial position whose names were listed as directors and members.

At an early date these organizations had gained control of the welfare activities of the State. And they could quite reasonably aspire, with the power that they held, to eventually gain control of the life of the Nation through official channels or through the placing of one of their group in the Cabinet of the President. This position was attained by Harry L. Hopkins.

AFFILIATIONS

Some of the commercial affiliations of this group and the service rendered them were revealed by testimony on May 1, 1918 of James E. MacBride, president of the Civil Service Commission. He stated:

> "We find that the A. I. C. P. is financed largely by a family whose fortune is invested in the Borden Milk Co. . . . We find that Lucius Polk Brown, director of the Bureau of Foods and Drugs of the Health Department, advocating passage at Albany at the last session of Legislature of bills which would lower the standard of milk to a point where it would be an absolute menace to the health of babies . . . We have found Brown unwilling to interfere with the operations of the Borden Milk Co. even when requested to do so by the U. S. Government . . . We find the A. I. C. P. opposing an investigation of the Health Department."

Of further interest in this direction is the fact that the active head of the

A. I. C. P., John A. Kingsbury, later held the same position in the Milbank Fund which was almost entirely financed by Borden Company stock, as will be related presently. More than two decades later he betrayed radical leanings and changed front and denounced the A. I. C. P. and the Milbank Fund in much the same manner as did MacBride. Shortly thereafter the A. I. C. P. and the C. O. S. were reorganized and merged in the Community Service Society because of pressure brought to bear by agencies controlling social service.

THOMPSON-MAIER BILL

In 1915, Senator Thompson presented to New York State Legislature a bill to investigate the Charity Trust and force a further accounting of its funds. He stated:

> "It is apparent that there is a group in this state who have built up a very substantial and apparently a very profitable business, as well as a political organization, out of charity. They have capitalized the benevolence of men and women who want to relieve distress of those less fortunate than themselves and to that end contribute from their private funds. ...The public from whom these donations are collected is entitled to know who the 'deserving' people are who participate in the enormous pay-roll, and how 'deserving' each is. The heads of some of these organizations are said to be on several pay-rolls. They should be forced to make an accounting."

The Thompson-Maier bill providing for the investigation was bitterly fought by the organizations with all the influence, power and money at their disposal. It was passed by Legislature but was vetoed by Governor Whitman.

LEADERSHIP CHANGES HANDS

The publicity given this investigation and other contemporaneous investigations in the field of Organized Social Service, especially the national publicity given it by the Hearst publications, made it expedient to shift the leadership of social service to a new organization which would not be associated in the mind of the public with the malodor of the Thompson expose. The New York Tuberculosis and Health Association and Harry L. Hopkins, its Director, assumed this leadership.

CHAPTER III.

DISEASE EXPLOITATION AS A PROPAGANDA DEVICE

NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION

THE fall of the Charity Trust in public esteem demanded not only a shift of leadership but also a change in tactics. "Charity" and "uplift" were now suspect. Bismarck's program suggested the efficacy of a paternalistic pretense of interest in individual health. But the new tacticians shrewdly realized that however effective the sham of a health program might be, it could scarcely equal the dynamic force of fear of a bugaboo disease. An individual disease permits ruthless but effective play on human dreads and sympathies. This device is familiar to every quack.

The credit for the introduction of disease exploitation as a "social service" device and as a means of tapping an endless flow of alms and tribute from the public purse probably goes to Harry L. Hopkins. First tried on the public on an extensive scale by the New York Tuberculosis and Health Association of which Hopkins was guiding genius and Director, it proved an instant and lucrative success for its organizers.

The use of the fear of disease as a political device has now become accepted practice in radical circles. Thus the Russian Communists have offered as an excuse for the invasion of Rumania statistics designed to

> "show an appalling prevalence of endemic diseases"

in Bessarabia. And the Communists propose, in the words of one commentator, that

> "If Rumania will not treat the needlessly ill with Communism, Russia will cure them with bombs."

As the prototype of these organizations the New York Tuberculosis and Health Association is of special interest. For it has played the dominant role in the development of Organized Social Service in the United States and is its keystone. The New York Tuberculosis and Health Association assumes added importance from its identification with Harry L. Hopkins, former Relief Administrator and now Secretary of Commerce.

As czar of the Relief project of the Federal Government, the W. P. A., Harry L. Hopkins became a master of the destinies of the United States. Approximately eight billion dollars of the ten billions appropriated by the Congresses of the first administration of President Roosevelt were turned over to Harry L. Hopkins to spend with no strings attached, no questions asked and no accounts rendered. The man who controls the purse of a nation controls its destiny.

The principles and methods of the Harry Hopkins' New York Tuberculosis and Health Association throw light on what future the Nation may expect of him and his associates and what it may expect of Organized Social Service which they guide and dominate.

DIRECTOR HARRY L. HOPKINS

Born in Iowa, the son of a harness maker, Harry Hopkins first saw the light of day in 1890. At Grinnell College, he majored in economics and sociology. He then headed for the green pastures of social service work in New York City. On October 21, 1913 he married a Jewish heiress, Ethel Gross, by whom he has had three children and who divorced him after the crash in the stock market, in 1931, with the accompaniment of a skillfully hushed scandal.

It has been testified before a Senate investigating committee that Harry L. Hopkins became identified with the Socialist Party, which has been active from the start in propagandizing in this country the measures of the Bismarckian "New Deal." Hopkins denied his Socialist affiliation, but a New York newspaper published a photostatic copy of his registration as a Socialist. He rose rapidly to the top of the social service world, and became one of the leading organizers of its activities on a nation-wide scale. He served on the staffs of the Association for Improvement of the Condition of the Poor and of the New York City Board of Welfare. During the World War he went South as Chairman of the Southern Division of the American Red Cross and became a veteran of that organization.

After the Thompson Committee exposé, Harry L. Hopkins supplanted the triumvirate who had dominated the Charity Trust as the leader of social service. He became the Director of the New York Tuberculosis and Health Association and Thomas W. Lamont of J. P. Morgan & Company became its treasurer.

This Association was the outgrowth of a committee of public spirited physicians organized for the purpose of combating tuberculosis by arousing public interest in the problem and of extending aid to the victims of the disease. In 1915 they had already succeeded in attaining their objectives. The care of the tuberculosis victim had been assumed, through their efforts, by every health department in the country. Their job was completed.

CHRISTMAS SEALS

With Harry L. Hopkins' advent into the Association its entire complexion changed. It became the "leader" of social service in this country, which means the spearhead of a drive for control of social service, philanthropic and charitable organizations and their funds and for consolidation of their political power. Under his guidance the Association entered the Christmas seal business with real vim, and waxed rich from their sale. The publicity, propaganda and sales campaign of the Association was the work of a genius. With the seals, they sent out begging letters of the following type:

TWENTY-FIFTH ANNUAL CHRISTMAS SEAL SALE

LINSLY R. WILLIAMS, M.D.
President

HOMER FOLKS
Vice-President

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NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION
INCORPORATED
386 FOURTH AVENUE, NEW YORK, N. Y.
TELEPHONE CALEDONIA 5-2240

December, 1931

My dear friend:

Through your generous buying of these Christmas Seals, our Association will be able this winter to guard this community from tuberculosis and other preventable diseases. We ask you to join with us in the heroic task of controlling illness and its attendant miseries among thousands now threatened.

Tuberculosis thrives wherever poverty, unemployment and distress are found. Help us check it. If you know of any person with tuberculosis or other preventable disease who needs our guidance or advice, telephone or write. Our services are free.

The Association also carries on an active campaign against heart diseases and industrial illness, for social hygiene, dental health, child health education, and for better institutional facilities for the sick poor of the city.

The seals are one dollar a sheet. Buy and give all you can afford. The self-addressed stamped envelope is for your convenience. And remember, every dollar counts and is needed as never before.

Thanking you in advance, I am

Yours very sincerely,

Linsly R. Williams

President

Please make checks payable to Thomas W. Lamont, Treasurer.

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CHRISTMAS SEAL SALES LETTER

Few honest folks would fail to surmise from the above letter that the Association intends to convey the impression that it uses the Christmas Seal money for the relief of victims of tuberculosis or institutions for their care. The joker is the clause "*. . . our guidance* and *advice*". The following sentence, "*Our services are free*", applies only to *guidance and advice*. The Association acknowledged that virtually none of its Seal money was expended on the relief of the tuberculous. It was used by the officers in the payment of their own salaries and expenses, and for propaganda purposes, especially for Socialized Medicine, and to gain control of other social service agencies and their funds. Among the officers and board of directors of the Association whose names appear at the foot of the letter are the generals of the army of Organized Social Service who interlock a host of subsidiary and allied organizations.

New York Tuberculosis and Health Association, Incorporated
386 Fourth Avenue, New York, N. Y.
Telephone Caledonia 5-2240

December, 1931

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"The Association also carries on an active campaign against heart diseases and industrial illness, for social hygiene, dental health, child health education, and for better institutional facilities for the sick poor of the city.

"The seals are one dollar a sheet. Buy and give all you can afford. The self-addressed stamped envelope is for your convenience. And remember, every dollar counts and is needed as never before.

"Thanking you in advance, I am

"Your very sincerely,

"(signed) Linsly R. Williams,

"President."

"Please make checks payable to Thomas W. Lamont, Treasurer."

This letter appears to leave no doubt that the Association used the funds derived from the sale of Christmas Seals for the aid of tuberculous and institutions for their care. It clearly states: "Tuberculosis thrives wherever poverty, unemployment and distress are found. Help us check it." The monies gathered by the Association would only help check the spread of tuberculosis by relieving poverty, according to the plea. This same idea is conveyed by Sav-A-Life Grams sent out in an early year of the depression which illustrates the uses made by this organization of adversity—man's extremity was converted into its opportunity.

"TWENTY-FIFTH ANNUAL CHRISTMAS SEAL SALE

December, 1931

"Dr. E. M. Josephson,
993 Park Avenue,
New York, N. Y. I 2426

"Desperate fight needed to keep tuberculosis in check in face of financial depression Stop Alarming decrease in Christmas Seal sale returns to date Stop Any relaxation now means loss of advantage won over many bitterly fought years — and loss of precious lives Stop A contribution large

or small will help appreciably Stop Make checks payable to Thomas W. Lamont, Treasurer, Three Eighty Six Fourth Avenue

Linsly R. Williams, M.D.
President
NEW YORK TUBERCULOSIS AND HEALTH ASSN."

January 21, 1932

"Dr. E. M. Josephson,
993 Park Avenue,
New York, N. Y.

"Unemployment situation causing serious increase in tuberculosis while Christmas Seal sale far short of last year Stop Please help meet this emergency with any contribution you can make Stop Your help may save someone from tuberculosis who will otherwise not be reached Stop Make check payable to Thomas W. Lamont, Two Forty Four Madison Avenue New York City

Linsly R. Williams, M.D.
President
NEW YORK TUBERCULOSIS AND HEALTH ASSN."

"SUCCESS"

Approached in the Christmas season, the uninquiring New Yorker was moved to contribute, by the pathetic letters of the Association, for the purpose of aiding the unfortunate victims of tuberculosis. The charitable spirit of Christmas was effectively played upon by shrewd publicity campaigns. The New Yorker was led to feel that his Christmas mail was not complete without the red double-crossed insignia of the fight on the "White Plague". The success of the New York Tuberculosis and Health Association in its seal sales is almost legendary in the social service circles. It averaged three hundred thousand dollars year after year. From the point of view of its officers and of social service organizations, the Association was a huge success.

From the point of view of the victims of tuberculosis, the New York Tuberculosis and Health Association *is not so huge a success.* The literature and letters of the Association were artfully designed to lead the public to believe that the victim of tuberculosis could obtain from it substantial and material aid in return for the funds contributed by the purchases of Christmas seals.

Nothing is more natural than the inference from the literature of the Association, on which is based this belief of the victim and of the contributing public that the Christmas seal funds are used to allay poverty, unemployment and distress among the tuberculous.

Though such an inference is natural, the officers of the Association assert that it is unwarranted as well as incorrect. They state that they make their meaning quite clear in an unobtrusive phrase in the letter:

"If you know of any person with tuberculosis or any preventable disease who needs guidance or advice . . . Our services are free."

SOCIAL SERVICE HAS NO S. E. C.

The letter is undeniably a work of genius. Few misanthropes would interpret the letter as indicating that the New York Tuberculosis and Health Association gives nothing except "free guidance and advice" to the victims of tuberculosis who turn to it for aid. And after all, advice, or talk, is so costly in the ordinary routine of life that the generosity of the Association in giving it absolutely free is phenomenal.

This "free advice" appears even more phenomenal if one follows the victim of tuberculosis into the office of the Association, as I did several years ago. The office of the Association reminded one much of the "boiler room" of the high-pressure sales force of a stock brokerage house of the distant past. Hosts of typists pounded away at batteries of typewriters. They created great turmoil and bustle at their task of sending out thousands of sales letters.

In the background and protected by an array of secretaries one found the fountain-heads of the advice which the Association advertises. They were so imposing in their well-nourished sleekness and in the grandeur of their appanage that one wondered how a poor tuberculous wretch could summon up enough courage to approach these august personages of social service to seek their invaluable advice.

The average purchaser of Christmas Seals little suspected that his pennies served to support such an imposing establishment. He did not dream that he was paying the salaries of these shining lights of social service, supplying their alimony, supporting their affairs, and furnishing them with the means that have served to enable their control of the destiny and wealth of the nation. Or that the scale of living which Christmas Seals provided is measured by four thousand dollar, one month trips to Europe.

The advice given the poor wretch who happened to stumble into the august presence of the officers of the Association is amusing in its simplicity. He was given, or sold, pamphlets telling him what attention he should have, where he should live, what he should eat—everything but that most vital advice, where he could get the money with which to do it.

If the victim had money, he was offered an examination by the Association's Industrial Division at a cost of fifteen dollars. Or he was referred to expensive sanitoria. If he had no money he was referred to one of the fourteen hundred other social service agencies of New York City and to the Health Department.

The practice of the Association of taking advantage of the public's uninquiring, kindly Christmas spirit might strike some readers as fraudulent. But the Association's correspondence was passed upon by shrewd attorneys. It would require a very clever lawyer, reading carefully, to fail to infer from the above correspondence that the money of the Association was not being used to extend direct, life-saving aid to unfortunate sufferers from tuberculosis.

WHAT XMAS SEAL MONEY DOES NOT DO

Dr. Louis I. Harris, former Commissioner of Health of the City of New York, ex officio an honorary officer of the Association, wrote in a letter to the New York *Times,* dated June 8, 1932, as follows:

"So far as I have been able to discover during many years of intimate contact, an utterly insignificant fraction of the several millions collected by the New York Tuberculosis and Health Association during the past decade and a half has been used to supply diagnostic care, medical treatment, sanitorium or hospital care, or any of the necessities of tuberculosis patients or their families. In fact, I AM CONFIDENT THAT NONE OF THE MONEY IS USED TO ASSIST THOSE SUFFERING FROM TUBERCULOSIS. If an accountant were to present a clear summary of the moneys collected during the period of approximately fifteen years since the organization was organized along its present lines, it would be seen that the funds have been utilized for two major purposes. FIRST AND PRINCIPALLY, FOR SALARIES TO WORKERS TO CARRY ON ITS PROPAGANDA . . ."

The gullible purchasers of Christmas Seals from the Association suffered something of a shock when they subsequently read in the New York *Times* that, with minor exceptions, none of the money which they had contributed to the Association had ever gone to the poor tuberculous or to institutions for their care. The Association refused to open its books to the *Times,* a newspaper which had given liberally of its space for publicity. But it acknowledged that all of its money had been expended on salary and "overhead"; and that it was true that all that the poor tuberculous received was gratuitous advice, instead of the food and shelter which the public had been led to infer was given them.

In smaller communities, where everybody knows everybody else's business, such brazen diversion of funds is not attempted. Part of the funds gathered from the sale of Christmas Seals is retained by the local organization and used in the payment of secretaries and the provision of some care to the tuberculous. The balance of the funds is remitted to the national organization and there diverted in the manner above outlined. Thus, for instance, a fraction of the funds gathered in Staten Island has been used for the maintenance of two local baby clinics.

CHRISTMAS SEALS AND PROPAGANDA

The uses made by the New York Tuberculosis and Health Association of the funds collected from the sale of Christmas seals was primarily personal and political. It was used for propaganda of the social service program which was essentially the Bismarxian "New Deal." Its character can be surmised from the Socialist political leanings of the Director.

The money was also used to gain control of philanthropic, medical, social service, clinic and hospital organizations throughout the country. The funds of the organizations brought under its control were converted to the same uses as were those of the Association.

XMAS SEALS AND INTERLOCKING DIRECTORS

The New York Tuberculosis and Health Association was made the keystone of Organized Social Service in this country. Interlocking directorates, which have been placed under ban in the business world by the New Deal, are extensively used to further the Napoleonic plan of control of social service

and philanthropic funds as a means of controlling the Nation. By interlocking directorates, the Association coordinated the activities of such diverse interests as the Metropolitan Life Insurance Company, the Borden Company and its Milbank Memorial Fund, the Rockefeller Foundation and others too numerous to mention.

The late president of the Association, Dr. Linsly R. Williams, was also Director of the New York Academy of Medicine, Director of Rockefeller Institute and factotum of a host of other foundations, institutes and societies. Activities of the Rosenwald Fund are controlled by such men as Michael M. Davis, Ph.D., and other loyal Association ex-employees. The Association is the "holding company" of numerous subsidiaries, all of whom voice the mouthings of the Association in the Press. They create the impression of the shoutings of a multitude although it is in reality but the raving of a Greek chorus. The Association's cloak of public service and sanctity serves to shield from suspicion activities which might otherwise be regarded as highly questionable.

The New York Tuberculosis and Health was used also as a catspaw for giving milk companies control of the New York City Department of Health, as will be related presently. This resulted in more than doubling the price of milk to the poor. The consequent starvation of infants can hardly be regarded as conducive to the prevention of tuberculosis; though, barring starvation, they were probably better off without the milk.

The directorate of the Association interlocks with a large array of businesses, such as insurance, milk, food, drug, sanitary devices and even toilet kits. There are among these directors, however, some honorable, well-intentioned and public-spirited people who are prominent in the public eye. It has been my experience that these honorable folks have no knowledge of the true nature of the activities carried on in their name. They are the show-front of Organized Social Service, designed to lend it an odor of honesty and virtue.

"BETTER INSTITUTIONAL FACILITIES"

Another use which the New York Tuberculosis and Health Association has made of its powers is illustrated by the St. Mark's Hospital case. This hospital was an old, dilapidated building situated in the very midst of the New York East Side slum area. It stands in an atmosphere of dirt, dust and vitiated air, excluded from whatever sun can penetrate the smoke-laden atmosphere of the city. During the halycon pre-depression days of the Jimmy Walker regime, the Association, with the support of allied organizations, made every effort to force the City of New York to purchase the St. Mark's Hospital as a sanitarium for tuberculous patients. Tuberculosis requires fresh air and sunshine for its treatment. St. Mark's Hospital is the last place on earth that anyone with any knowledge of tuberculosis, or any person endowed with intelligence or honesty, would consider for the hospitalization of victims of this disease.

Possibly this type of "protection" of public interests was meant when the Association represented to the public in its literature that it engaged

"in an active campaign . . . for better institutional facilities for the sick poor of the city."

An explanation of the situation might possibly be found in the rumor that some of the men influential in the Association were heavily interested financially in the St. Mark's Hospital. Active opposition by such men as former Commissioner of Health Dr. Louis I. Harris and by the scant conscience of the Walker regime defeated this scandalous proposition. So incensed was the Association at his part in the defeat of its purpose that Dr. Harris was asked to resign from the Association the self-same day.

XMAS SEALS AND STATISTICS

As a part of its fund-raising propaganda, the New York Tuberculosis and Health Association issues a barrage of statistics. These statistics are more often false than they are correct. For example, the Association released in 1932, simultaneously with increased activities in the collection of funds for the "study and control" of heart disease, statistics, charts and a report by its statistician, G. J. Drolet, which it was stated indicated an appalling increase in heart disease in New York City. I immediately pointed out in the press that the conclusions drawn from the data were false, and the basis of the data unreliable. Two months later, Dr. Bolduan, statistician of the Department of Health of New York City, published in the July 1932 issue of the Journal of Preventive Medicine a confirmation of my attack on Drolet's report and statistics, tho he made no direct reference to my attack.

XMAS SEAL AND PRESS CENSORSHIP

Another use made of the Christmas Seal Funds was in the establishment of a press censorship. This could not, by the greatest stretch of imagination, be regarded as relieving the lot of the tuberculous. It could not be regarded as anything other than diversion of Christmas Seal funds from the uses for which the public had been led to contribute. But such a censorship would serve materially to advance the propaganda of the Association and its allies and enhance their political power. The use of the censorship of medical news to gain control over the press and for the purpose of gaining control of the lucrative business of medicine will be described in a later chapter.

TUBERCULOSIS MARCHES ON

The injury done to the interests of the public and to its health by the activities of the New York Tuberculosis and Health Association is greater and more far reaching than the positive injuries which have been recounted. As a result of the public's belief that the tuberculous are being cared for by the Association, it is difficult or impossible for any other organization to gather funds to provide care for the victims of tuberculosis, which the Association supposedly is doing. At the present time, the Association refers victims of tuberculosis to one of three agencies—more or less expensive sanitoria, the local health department, or hospital clinics. It takes no stretch of the imagination to realize that these victims might have gone to these agencies directly in the first place, did not the Association monopolize so much publicity and advertising space.

There is, at the present time, a shortage in New York City of 12,000 hospital beds. Had the monies collected by the Association during these years been used for the purpose of providing facilities for the tuberculous, there might have been provided ample facilities for their care. The consequence of diversion of these funds by the Association has been a double burden of expense for the citizens and tax-payers of New York City. The limitations of budgets and of capital expenditure of the City of New York have precluded its providing all the needed hospital beds for the tuberculous.

Twelve thousand persons suffering from active tuberculosis are set loose in the community to spread the disease, in large measure because of the Association.

Tuberculosis is not prevented by publicity campaigns or by medical care. It is prevented by proper food, clothing and housing. The incidence of tuberculosis in the Borough of Manhattan in 1930 in terms of new cases registered had increased by 14.1%, in spite of the publicity of the N. Y. Tuberculosis and Health Association and its allies, according to the official figures of the New York City Department of Health; and the death rate had increased by 3.2% as compared with 1929. Recently the increase has been greater.

In spite of this the bosses of Organized Social Service, the officers of the Milbank Memorial Fund and of the Metropolitan Life Insurance Company and the Association have misrepresented to the public repeatedly that the depression has "improved" the health of the public.

Due to unfavorable publicity in regard to its activities and to the depression, the Association has fallen upon hard days. The public now contributes with far less liberality, indicating its evaluation of the Association's services. Harry Hopkins' evaluation of the activities of his Association is indicated by his grant to them, while he was Relief Administrator, of a hundred thousand dollars of W. P. A. funds.

CHAPTER IV.

TYPICAL SOCIAL SERVICE AGENCIES

THE phenomenal "success" of the New York Tuberculosis and Health Association and its Christmas Seal campaigns, and its stimulus to the propaganda and the political ambitions of its masters have led to the formation of numerous organizations for the exploitation of disease on the same or a similar pattern. It seems to be the ultimate goal of social service to launch an organization for each disease that instils fear into the hearts of a "sucker" public.

Already there have been established organizations for the exploitation of heart disease, venereal and "social" diseases, cancer, blindness, mental disease, diabetes, infantile paralysis, childhood diseases and others. Examination of a few of them will give insight into their methods.

THE COUNCILS

There exist two co-ordinating, super-organizations in the field of social service which are named Councils. The Councils are outgrowths of the activities of the New York Tuberculosis and Health Association and expressions of the genius of its former director, and its officers. Both the Metropolitan Life Insurance Company and the Rockefeller Foundation have aided financially in their organization and support. W. P. A. grants have also been made to the Councils. The Councils occupy adjacent floors of a Rockefeller Center building. The National Health Council Inc. links the medical and medical-social service organizations. The National Social Work Council co-ordinates the work of social service agencies.

The National Health Council Incorporated comprises in its membership two types of organizations: professional organizations the domination of which means control of education and "accepted practice" in public health work; and a group of social service organizations that are "muscling in" on the highly lucrative rackets of organized medicine. Though one or two of the organizations may occasionally serve some legitimate purpose, the plan of operation and the routine activities of all of them are much alike, and are as follows:

They all specialize in the exploitation of some disease.

They all falsely claim credit for any advances in medical science in the fields which they dominate. If they cannot claim credit for the advances they make every effort to suppress them.

They all claim credit for any reduction in the incidence or death rate of the disease which they exploit. Any increase is blamed upon the alleged incompetence and ignorance of the medical profession.

The truth of the matter is that improvements in public health have been due largely to improvements in standards of living, to increased earnings and improved nutrition of the public, to medical advance, to education of the public, and to the activities of governmental agencies.

A striking instance of this misrepresentation is the Anti-Diphtheria Campaign. It has been represented to the public that the drop in the incidence of diphtheria is a result of the activities of public health and social service agencies. Long before the Campaign was started, however, there had been a steady drop in the incidence of diphtheria. The Campaign actually got under way when the curve of incidence of the disease had reached an all-time low point, and was still headed down. A careful study of the incidence of diphtheria and the deaths due to it reveals that improvement of diet by the addition of fresh vegetables and citrus fruits containing vitamin C was one of the most significant elements.

They reprint articles, which are given to them free of any charge by physicians, and sell them to the public and to interested parties at relatively exorbitant prices. In many instances, this publishing business is highly profitable to the organization.

They usually turn over a minute fraction of their "take" to allied physicians to be expended by them on some form of boondoggling which is given the name "medical research."

The bosses, or "executives" as they prefer to be called, of these organizations invariably pay themselves fantastic salaries. They generally manage to collect salaries for full-time positions from more than one organization; and incomes that run into five and six figures are not unusual among them. They also manage to take good care of relatives and friends.

With minor exceptions, little or none of the money which these organizations beg from the public is used for the purposes which the public are led to infer—the material aid of victims of the diseases or institutions for their care.

The bulk of the funds left over after payment of salaries is pooled and used for political and propaganda purposes, which is called "publicity and propaganda" in the annual reports. Needless to repeat, this propaganda is usually "liberal" in the sense of Bismarck's "New Deal" and its subsidiary, Communism.

By their very existence and their monopoly of public attention and public support, they generally constitute a barrier to the remedy of the very conditions which they pretend to seek to correct.

The kindest thing that can be said about most of these organizations is that their activities constitute needless and exorbitantly expensive duplications of the minor and incidental functions of local departments of health.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

The American Public Health Association is the medical showfront of the social service organizations of the National Health Council. Its membership consists of a group of men who are engaged in public health activities. Included in its membership are to be found the influential health officers of the land.

The American Public Health Association has been dominated for many years by the Metropolitan Life Insurance Company, which has subsidized it and kept it alive during lean times. Subsequently other commercial and social service organizations joined forces with the Metropolitan in subsidizing the Association.

In the ranks of the A. P. H. A. may be found the "distinguished scientists" and the powerful health executives who serve to boost the industrial policy business of the Metropolitan Life Insurance Company through health departments and other agencies controlled by them. Among the officers of the American Public Health Association are always to be found a number of officers and trusted employees of the Metropolitan.

The officers of the A. P. H. A. serve as officers and inter-locking directors of the whole galaxy of organizations constituting the Medical-Social-Service Trust. They also constitute the "scientific consultants" of numerous commercial enterprises, many of which are antagonistic to the interests of the public and its health. They also compose the "scientific committees" which act as supposedly neutral arbitrators in matters concerning health.

In order to protect the commercial interests of the enterprises subsidizing the Association, its officers are publicized and propagandized to the public as the sole and exclusive authorities on questions of health and of public health administration. Thus when the "loose milk episode" was engineered in New York City, the officers of the A. P. H. A. served on the Committee that pronounced the doom of loose milk and thereby increased the profits of the Milk Trust, thus assuring the Metropolitan a return on its investments in milk.

The American Public Health Association publishes a monthly magazine, the *American Journal of Public Health,* and engages in other publishing business. It holds annual meetings which are widely publicized. It maintains a bibliography and employment service for its members.

The principal activities of the Association have been:

To maintain the appearance of an unbiased scientific organization for the purpose of more effective propaganda.

To influence or dominate the administration of health departments throughout the land in the interests of its membership and its allies.

To monopolize medical education in the field of public health work.

The alliance of the Metropolitan Life Insurance Company and the American Public Health Association has been very close for several decades. The officership of the Association has always interlocked with the Metropolitan and with allied social service agencies. Thus in 1920 the Metropolitan Life Insurance Company undertook to finance, with its policy-holders' money, the preparation and publication of the *"Survey of Municipal Health Department Practice"* in eighty-one key American cities made by the American Public Health Association in conjunction with the United States Public Health Service. It hardly appears to be a matter of accident that the Association's allies, the Metropolitan Life Insurance Company and the Borden Company, today exert a great influence with the health departments of all the cities in

question. One of the members of that Survey board was Dr. John L. Rice, now Commissioner of Health of New York City.

The American Public Health Association has not solicited funds from the public, according to available reports. Its income is derived from the dues of its members and the subsidies of the Metropolitan and other commercial interests toward which its members, if honest, should maintain an attitude of neutrality when the concerns are law-abiding, or should otherwise fight to the last ditch in their capacity of health officers.

It is a curious fact that the Association has never uncovered any unsocial activities of the agencies which support it; instead it has served them well. It establishes policies and "accepted practise" regarding milk that are imposed on communities and determine the quality of milk which is sold to the public; that determine the policy of health departments with regard to their cooperation with insurance companies, in aiding their advertising and sale of industrial policies; that give insurance and milk companies advantages in their public dealings; and many others.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

National Organization For Public Health Nursing is another professional membership organization which serves as a agency for social service in public health. Its President, Amelia Grant, was the Director of Nursing of the Borden Company-subsidized, flim-flam Bellevue-Yorkville Health Demonstration; and she since has been placed with the rest of them on the payroll of the New York City Health Department.

THE NATIONAL TUBERCULOSIS ASSOCIATION

The National Tuberculosis Association is composed of a group of state, municipal and territorial organizations such as the New York Tuberculosis and Health Association. Its funds are derived from the sale of Christmas Seals. The income derived from these sources is usually divided between the local and the national organizations. The uses of the money by the local organizations, aside from the payment of salary to its workers, vary in different communities. Only two percent of the five to six million dollars derived annually from the sale of Christmas seals by all of the affiliated organizations goes to the relief of the tuberculous. None of the money, none of more than three hundred thousand dollars, that flowed into the coffers of the National Tuberculosis Association in 1930 went to the material aid of persons suffering from tuberculosis or to institutions for their care.

Practically all the money gathered by the N. T. A. in 1930 from its sale of Christmas seals, which was represented to the public as collected for the aid of the tuberculous, was spent in payment of salary to its henchmen, in the payment of overhead expenses and for political and propaganda uses, and for

raising more funds. The propaganda fund, which is masked in the report of the Association under the item "Health Education," represented almost half of the income of the Association. It formed part of the huge publicity and propaganda pool of the social service rackets, for political uses.

The most sincere and aggressive activity of the Association is its sale of Christmas Seals. Each Christmas season is signalized by the publication of columns of propaganda in the newspapers. Every means of advertisement and publicity is utilized to the utmost limit for the purpose of leading people to believe falsely that by the purchase of Christmas Seals they contribute to the material relief of tuberculosis victims. Though the uses of the funds of the Association have become common knowledge, the most powerful figures in public life, including the President himself, aid in the sale of Christmas seals.

A small fraction of the funds collected by the Association is used for the subsidy of research on tuberculosis. This is the one bright spot in the scutcheon of the Association.

The National Tuberculosis Association is presented in the best light by R——— L——— in a letter to the editor of the New York *American,* which that editor did not dare to publish because of the power of the Association.

New York, Nov. 3, 1934.

"Dear Sir:

"I am the man whom the National Tuberculosis Association named 'The Man Who Refused to Die.'

"I desire to give you some facts about this organization and trust that you will be able to give it a public airing in your most valued columns.

"In a publicity article captioned with the above title, this association took part credit for my remarkable recovery and also for fostering the surgical methods used in my case.

The NTA claims are absolutely false. The truth of the matter is that the NTA knew nothing about me or my case until I personally wrote and told them about it.

"Furthermore, purchasers of Christmas Seals are under the impression that TB patients and TB institutions receive benefits from the money realized through the Seal sales—an impression that the NTA does not attempt to correct. I personally do not know of any TB patient or TB institution—public or private—that has received one cent aid from the proceeds of these sales.

"I do not know of any former TB patient who has ever been able to secure employment through the "Rehabilitation Department" of this organization. I have personally tried for more than three years. Just two weeks ago, Mrs. Burhoe, "Rehabilitation Secretary," advised me that no positions are secured for ex-patients. I then wrote Dr. Kennon Dunham, president of the N. T. A., whose office and private practice is located in Cincinnati, what the functions of that department was if it was not intended to help former patients. He replied stating that he had *'nothing to do with such matters.'*

"The NTA only duplicates the splendid work now being carried on by practically every local Board of Health and TB society in every community in the United States. All the monies realized through the sales of Seals and monies donated are used principally for publicity purposes, salaries for a dozen or more high officials and their private secretaries and a large office personnel, as well as the big rental in Radio City. Many positions now held by employees of the NTA could be filled by former patients, especially those positions now occupied by married women.

"In conclusion, I challenge any NTA official to deny any of the statements I have made herein.

"Very truly yours,
(signed) R——— L———"

Tuberculosis can only be prevented by providing the tuberculous with adequate food, clothing and shelter. The heartlessness of the N. T. A. and the real injury it inflicts upon public welfare lie in the fact that it is an effective barrier against raising funds for real aid and relief for the tuberculous. While the Association is luring from the public millions of dollars donated for the aid of the tuberculous, the communities must bear the additional cost of actually providing for the care of the victims of the disease. The financial strain on private purses and on the public treasuries is too great to permit of this duplication and waste expenditure. As a consequence the victims of the disease are not isolated and properly cared for, and are forced to circulate in the community and spread their disease.

If the hundred million dollars, and more, collected from the public by the sale of Christmas seals during past decades had been used for the provision of hospital and sanitorium facilities and for the care of the victims of tuberculosis, there would not exist the tremendous shortage of facilities for their care which forces the average community to leave the victims roam about and spread the disease; and there would be less tuberculosis extant.

There is no more effective barrier against the elimination of tuberculosis than the National Tuberculosis Association.

THE NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS

The National Society for the Prevention of Blindness collects funds and bequests for the professed purpose of the prevention of blindness. None of the money which it gathers from the public is used for the purpose of providing glasses for the poor or for school children. None of it is used for the payment of medical or hospital care for those threatened with blindness. A very small fraction of the income of the Society is expended on what is called "medical research."

The Society boasts of its educational and publicity work. It reprints articles written by its medical members and sells them to the public at relatively exorbitant prices. The boondoggling of the paid officers of the Society was aptly summed up by its director, Mr. Farris, at a meeting of the New York Academy of Medicine in a specific illustration:

A man threatened with blindness wrote in to the Society from the back country of Montana. The Society found itself confronted with this grave problem, which undoubtedly gave them occasion for weeks of conferences: Should they refer the inquirer to an optometrist located one hundred miles away, or to an ophthalmologist located one hundred and ten miles away?

The Society never for one minute considered expending some of the money which it had gathered for the prevention of blindness to transport the inquirer to a place where he could secure adequate medical diagnosis and care, and to pay for such care.

Fuller appreciation of the utterly useless nature of the boondoggling of the Society can be gained by the reaction of its officers when approached to aid in combating a type of blinding which I first discovered in 1933 had become widely prevalent in this country since the start of the depression. Inadequate relief diets have resulted in the widespread affliction of school children with vitamin A deficiency eye diseases—day and night blindness.

I approached the Society to enlist its aid in an educational campaign to teach mothers that their children could avoid impairment of vision by including in their diet such inexpensive, vitamin A-containing vegetables as carrots.

The reply of the officers of the Society was that it could not offer financial support. They were worried that as a result of the depression their funds might drop to the point where they might face the dreadful prospect of cutting their own salaries, a first consideration in preventing blindness. They feared to lend even moral support, because in that event they might offend their medical board, who were jealous of their prerogatives and were too busy making money to discover that the affliction existed or to worry about it even if they had.

The prevalence of this disease, formerly known to exist on a widespread scale only in China, Porto Rico and the Orient prior to the depression, has been confirmed since by numerous investigators. But nothing was done by the Society or by public health authorities to check its ravages.

AMERICAN HEART ASSOCIATION

The American Heart Association states that its purposes are the following:

> "The collection and correlation of facts relating to heart disease; the devising and application of preventive measures to lessen impairment of the heart; the coordination of the work being done in established centers in the fight against heart disease; the encouragement and assistance requisite for development of additional centers for cardiac work; the dissemination of information in regard to heart disease and the methods to be employed for its prevention and relief; and arousing the public mind to its responsibility and opportunity to assist in the fight against heart disease."

This organization had its inception in 1922 as a subsidiary of the New York Tuberculosis and Health Association, for the exploitation of heart disease. Periodically the Association has launched heart disease scares for the

purpose of gaining financial support for its work. This work consists essentially of providing jobs for social service workers and all the standard objectives of organized social service.

As is usual in social service activities, there has been little regard for the truth in the propaganda of the Association. In 1932, as has been mentioned, the New York Heart Committee, a subsidiary of the Association, issued for publication propaganda to the effect that there was "an appalling increase in heart disease" in New York City. This alarm propaganda was supported by statistics drawn up by G. J. Drolet, statistician of the New York Tuberculosis and Health Association.

This scare propaganda was absolutely false. Because the Medical-Social Service Trust press censorship was not then so effective as it has been made since, I was able to expose its falsity in the New York Medical Week of June 18, 1932. Only Mr. G. B. Lal of the International News Service among the science editors was still sufficiently independent to dare contradict the Association's propaganda with the truth.

The figures that were presented were in themselves of questionable accuracy. But an analysis revealed that, instead of the reported increase, they indicated there had been a slight decrease of incidence of heart disease in every age group except infancy. There was a rise in the number of cases of heart disease in decades over sixty years. But this merely signified improved health in the community and an increased proportion of people surviving to a ripe old age.

My attack on these statistics was subsequently confirmed by Dr. Bolduan, Statistician of the New York City Department of Health, in an article in the July 1932 number of the Journal of Preventive Medicine. He made no reference to my earlier attack, though confirming it. He wrote as follows:

> "In New York City, for the population as a whole, there is no evidence of any increase in the real death rate from heart disease.
>
> "In the United States registration area as well as New York City, specific death rates, even in the higher age group, have declined since the beginning of the century, a fact which it is difficult to reconcile with any considerable increase in the mortality of heart disease.
>
> ". . . let us not make unwarranted statements regarding an 'appalling increase in heart disease' . . ."

The Association never bothered to retract its false statistics. But about two years later one of the officers of the Association announced the amazing discovery that though some folks thought there was an increase in heart disease the Association found that there really was no real increase in the disease.

The Association is careful in its approach to the problem of incidence of heart disease not to affect the financial interests of the Milk Trust angels of "public health work." Infected milk is one of the most frequent causes of the incidence of heart disease, septic sore throat and rheumatic fever in children. This has been most carefully withheld from the public.

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

A United Press dispatch announced to a startled public on the 23rd day of November 1939, that Sir Leonard Hill, the distinguished physiologist urged eliminating the use of radium in the treatment of cancer and other human ailments. If the radium which England has buried in deep holes for security from bombing were left there forever, he stated, the world would be better off. This statement he supported by the accumulated evidence that radium exposure that is sufficiently intense to produce an effect is *always* harmful.

To many folks Sir Leonard's statement was a shocking surprise. But to the informed, the surprise was that the truth about radium had been suppressed for so long a time. Intensive publicity and propaganda extending over a period of more than three decades has created firm popular belief in its curative properties. Until now no prominent scientist has had the courage to tell the public the truth about it; or having the courage, has been able to surmount the high wall of medical and commercial censorship of the press set up about the topic. Only Sir Leonard Hill's great reputation and distinction as a scientist could penetrate it.

CURIES DISCOVER RADIUM DESTROYS TISSUES

The use of radium in the treatment of human ailments has a curious history. After years of struggle spent in the discovery of radium, the Curies found that they had on their hands a substance for which there was no apparent use. In the biography of her mother, Eve Curie describes the odd joy of her parents when they found that radium belatedly would burn gaping holes in their flesh and cause painfully destructive inflammation of their fingers. Paul Curie hastened to make a report of these experiences, in 1901, to the Academie Francaise, which read in part as follows:

> "After exposure to the rays (of radium) the skin became red . . .; it looked like a burn, but was scarcely painful. After several days the red area without enlarging grew redder; on the twentieth day scabs formed and when they fell away they left a deep wound . . .; healing of the epidermis first began on the forty-second day. . . .
>
> ". . . Mme. Curie carried a few centigrams of very active substance in a sealed tube and received similar burns. . . . One exposure of less than half an hour . . . resulted in a red spot fifteen days later, which was followed by a blister similar to that of a superficial burn, that took fifteen more days to heal.
>
> ". . . we have suffered from various changes in our hands during researches. . . . The skin of the hands scales; the tips of the fingers which come in contact with tubes or capsules that contain very active preparations become hard and sometimes extremely painful; one of us had inflamed fingertips for a fortnight, which subsided with scaling, but at the end of two months were still painful."

RADIUM PROMOTED AS CANCER "CURE"

In spite of the slowness with which radium unfolds its destructive effects,

a group of French physicians, with true Gallic ebullience, lost no time to apply it to the treatment of human disease. The primitive state of the surgery of that era which made dangerous and deadly large operations such as those for the removal of internal cancer did constitute some justification for this hasty human application.

As time elapsed it became apparent that radium could not only destroy cancerous growths, but also could and often did cause cancer and other deadly diseases. The Curies themselves were the first victims of radium. Long before his accidental death Paul Curie suffered from a painful bone and joint disease of the type that is caused by radium. Marie Curie died, after years of ailing, from what Dr. Tobe diagnosed as "aplastic pernicious anemia" rapid in its course because "the bone marrow did not react, probably because it had been injured by long accumulations of radiations" of radium. Since then many folks have suffered the oft painful deaths caused by radium.

CANCER "CURE" BOOSTS RADIUM VALUE

But long before its dangers were manifest radium was firmly entrenched. The situation is aptly expressed by a paraphrase of Eve Curie's statement:

"A radium *industry* was . . . born."

Millions and tens of millions of dollars were invested in radium, its preparation, its by-products, its accessories and its use, and in allied industries and activities. As a result of the mad scramble to obtain radium for the treatment of cancer, its price rose 1000 percent in four years. Hundreds of miners have lost their lives in St. Joachimsthal and Congo mines from cancer of the lung caused by the effects of radium ores, to provide the raw materials for more radium that may produce more cancer, pain and misery. The highly exploited medical use of radium made the prize worth while. Radium sold at almost ten million dollars a pound.

The victims of cancer clamored for this substance that was widely and intensively publicized as a miraculous cure. They were willing to pay their whole fortunes to be rid of the disease which gnawed at their lives. Doctors bought bits of radium salts at exorbitant prices and sold "miraculously curative" applications which in no wise depleted its substance, for equally exorbitant fees. Charges ranging from hundreds to thousands of dollars for radium applications were not unusual. Radium purchases paid good dividends on the investments.

AMERICAN MEDICAL ASSOCIATION "ACCEPTS" RADIUM POISON

The word radium became synonymous with the treatment of cancer. Radium was acclaimed as a cure-all and was used in the treatment of every conceivable disease, real or imaginary. Radium drinking water was recommended and imbibed for the preservation of everlasting youth. As Eve Curie says:

"Radium was useful—magnificently useful."

Eventually radium was produced from ores mined in Colorado, and there

arose the question of the business-stimulating testimonial or "acceptance" by the Council on Pharmacy and Chemistry of the American Medical Association. Persistently the Association discriminated against the American product and refused it acceptance until the customary arrangements had been made with its "testimonial racket." Then all the products manufactured by the company, the Standard Chemical Company, were "accepted" by the A. M. A. Council on Pharmacy and Chemistry, in 1914. Among the products accepted was "radium drinking water."* This product proved to be so poisonous that after the death from it of a millionaire named Byers, its use was prohibited by health authorities. To save face, the A. M. A. then attacked the product which it had "accepted," making no mention of the latter fact.

ASSOCIATIONS RAISE PLANE OF CANCER QUACKERY

Associations were formed to "control cancer." They have been more successful in controlling the cancer business. If they incidentally increased the returns on their doctors' investments in radium, that was hardly unexpected or undesired. On the contrary their physicians fight among themselves over the splitting of the business which the Associations lure. Since much of their money is invested in radium, it is natural that they should favor the use of radium.

The more closely one studies the situation, the more one is inclined to wonder whether the true function of these cancer associations is not to place cancer quackery on a higher level and on a more lucrative financial plane. They boost radium and surgery as the only "cures" for cancer. They serve to give a virtual monopoly of the cancer business to the cliques of doctors who dominate them; and some of them count the annual returns of the business, which they have built up in this manner, in six or more figures.

These doctors proclaim themselves to be "authorities" and "specialists" in cancer. Since virtually nothing is known concerning the true nature of cancer, these specialists might be regarded as approaching the acme of specialization. These "authorities" systematically deny everything that does not emanate from themselves and add to their incomes. They always allege the amusing reason, that the material to which they object would be used for the exploitation of the public. They wish to reserve that lucrative privilege for themselves.

Since the "specialists" would be robbed of their livelihoods and incomes by an effective method of prevention of cancer, they can be depended upon to promptly reject any such method that might be discovered. As omniscient "authorities" they vehemently scorn and discredit any such possibility. They hopefully insist that the cancer problem will be with us forever. They levy contributions and support from the public and from the Federal and local governments for their business-agency associations.

CANCER PHOBIA FOSTERED

These cancer associations have not used the funds which they have gathered for the relief of cancer victims or for the payment of institutions for their care. The money has been used for the payment of salaries to the medical bosses and to other personnel and for publicity, propaganda and advertising

* New And Non-Official Remedies, 1915, p. 267.

that lured more victims. They have succeeded in establishing a censorship of the press by the alternate process of wooing and pandering editors, and of threatening them with the consequences entailed in the support of other cancer quacks.

With the aid of the press, the cancer associations maintain a constant cancer hysteria and phobia among the public and a constant flow of patients into the offices and clinics of their doctors. It would be interesting to know how many millions of dollars each year are taken by them from persons suffering from cancer-phobias created constantly by this propaganda. Every phase of the cancer problem approved by them is garishly exploited in the press.

FALSE STATISTICS AND PROPAGANDA

In the propaganda the associations resort to gross misrepresentation and deception. Their favorite expedient is cancer statistics. They tell the public that cancer is increasing. Some of the truth in this regard has been told by Dr. Madge T. Macklin of the University of Western Ontario Medical School. She points out that some of this increase is apparent, not real. She said:

> "We must all die of something, and it is inevitable, as we eliminate one cause of death after another, that we increase the death rate from the causes that remain; for while we may increase the length of life, we do not decrease the certainty of death."

A bit more of the truth regarding the death-rate from cancer was related by Dr. William W. Sanford in a letter in the New York *Times* of April 25, 1939. He pointed out that the diagnosis of cancer as cause of death is frequently false. He might have related, also, other things that are common knowledge among the initiate such as:

> 1. The diagnosis of cancer is not always reliable even when a part of the tumor can be removed and examined under the microscope. For if such tissue is submitted to pathologists often there will be as many different diagnoses as there are pathologists.
>
> 2. There has grown the practice of covering up rotten surgery by false diagnoses of cancer, to justify needless infections and deaths and to protect the surgeons' reputations.

These factors also account for many members of the "Cured Cancer Club."

AMERICAN SOCIETY FOR THE CONTROL OF CANCER

The American Society For the Control of Cancer has gained a dominant position in the field of cancer. Under social service auspices it was organized in 1913 by delegates from medical societies associated with the Congress of Physicians and Surgeons, and was incorporated in 1922. The Society states in its publications that it cooperates with those paragons of altruism and virtue—the American Medical Association, the American College of Surgeons, the American Public Health Association, and the national radiologic societies. It describes its functions as follows:

> "To collect, collate and disseminate information concerning the symp-

toms, diagnosis, treatment and prevention of cancer, to investigate the conditions under which cancer is formed and to compile statistics in regard thereto."

Its progress and conquest of the field in which it operates was such that it could boast in the October 1937 issue of its Bulletin as follows:

> "The Society is effectively passing through a period of transferred emphasis of its major activity and is well on the road to assuming a position of national influence similar to that of the National Tuberculosis Association."

This means that the Society is the official cancer agency of the Medical-Social-Service Trust.

Shortly thereafter the Society also gained direct representation in the Federal Government with the aid of propaganda by the National Association of Science Writers, through the formation of Cancer Research Institute under the United States Public Health Service. On the advice of its Cancer Advisory Council composed of officers of the Society, two hundred thousand of the seven hundred and fifty thousand dollars appropriated by Congress for the Research Institute were spent, as might be expected, for the purchase of radium.

CONTROL OF PRESS BETTER THAN CONTROL OF CANCER

The American Society For the Control of Cancer has been quite successful in securing the full cooperation of the press. It won the hearts of the editor-members of the National Association of Science Writers in October 1938, by bestowing on the Association the Clement Cleveland medal "for outstanding work in the campaign to control cancer." In presenting the medal on behalf of the Society, Mrs. Mead said:

> ". . . because of this Association, small and select in its membership and rigid in its requirements for admission, the doctors working in cancer feel that they are safe in giving to the public through this medium such facts as they are entitled to know and use."

To this the representative of the American Association of Science Writers replied:

> "Now that you have given us a medal, put us to work."

The Cancer Society has done that.

The Society has free access to the news columns; and the reliance of editors on it for cancer news is tantamount to censorship. Weekly, and sometimes daily, the Society and its officers break into the news columns with some announcement however insignificant and trite, true or untrue. The bestowal of another medal is always a pretext for breaking into the headlines. The Society and its officers enjoy persistent favorable advertisement and publicity which would cost millions of dollars if purchased with cash.

LOCAL CANCER COMMITTEE BOOSTS BOSSES' BUSINESS

In order to secure first hand information about the operations of the Society, in the role of a layman I visited the office of the local committee. I

found the atmosphere most conducive to the advertising and boosting of its "authorities" and "specialists" on cancer. Their photographs modestly adorned the walls of the Committee's office. Since the sizes of the photos varied, it might be assumed that they indicated the relative authority and competence of their subjects; and that size correlated with beauty might influence the visitor's selection.

> An inquiry elicited from the directress an account of the charms and virtues of the various "authorities" affiliated with the Society. I pretended that I was a layman making the inquiry on behalf of a woman friend who was suffering from what she thought might be a cancer of the uterus.
>
> "The lady should go to the Women's Hospital for examination," the directress cagily suggested.
>
> "Who will she see there?" I asked.
>
> I was given the name of the doctor.
>
> "Suppose the lady would like to be examined privately?" I queried.
>
> "The Doctor has a private office at the hospital," I was informed.

I decided that the hypothetic lady would seek the services of the handsome doctor whose picture on the wall was largest. He proved to be the ultra-specialist in cancer whose dicta have a finality. The hypothetic lady was referred to the St. Luke's Hospital where he would examine her for a fee of ten dollars. The Society informed me that the charge for X-ray or radium treatment might range from twenty-five to a hundred or more dollars.

". . . THE WEAPON OF THE CHARLATAN AND THE QUACK"

Dr. Francis Carter Wood, Director of the Crocker Cancer Institute, is reported to have expressed as recently as 1921, views regarding radium less flattering even than those of Sir Leonard Hill. These statements were as follows:

> "Radium is but the weapon of the charlatan and the quack," voiced before the graduating class in medicine of Columbia University, in 1917.
>
> "As for radium in cancer work, it effects few cures, perhaps one in a thousand," reported in an interview of the New York *Tribune,* October 14, 1921.

X-RAYS CAUSE CANCER

X-ray treatment which Sir Leonard suggests is more readily subject to control than radium has been responsible for the death of many more cancer workers then even radium. The dreadful character of the slowly progressive death by radium is illustrated by the recently demised Dr. Charles Vaillant, a French pioneer in radium work. After losing phalanx after phalanx, digit after digit, member after member, and limb after limb, by amputation because of radium-induced cancer, the balance of him succumbed in December 1939.

The sharper danger of x-rays is illustrated by the experience of P. C. Injured while driving a truck, his condition was diagnosed at one hospital as a fracture of the skull. He was a Workmen's Compensation case and the

insurance company ordered his immediate removal to another hospital where its consultants conveniently diagnosed a tumor of the skull and stated that the man's condition had nothing to do with the injury, thus saving the insurance company a large sum of money.

In spite of the fact that this diagnosis appeared to release the company, it insisted upon P. C. going to a third hospital for x-ray of his head. At the third hospital he was given intensive x-ray treatment which was continued even after he developed a dangerous x-ray burn. When he refused further x-ray treatment on my advice because of the danger of cancer, he was ordered by the company to return for treatment, under the threat that he would receive no compensation. Within two years P. C. died from generalized cancer caused by persistent x-ray burning. His death might be labelled killing by x-ray. The insurance company completely escaped payment of compensation on this case.

CANCER CLIQUES BLOCK MEDICAL ADVANCE

The success of the cancer associations in preventing competition or the introduction of new methods of treatment other than operation, x-ray and radium is illustrated by the Coffey-Humber affair. These two prominent Pacific Coast physicians prepared from the adrenal cortex a substance similar to that recently announced by Dr. F. E. Adair of the Memorial Hospital for the relief of pain and the arrest of cancer. Primarily because they were outside the cancer clique their method was discredited without trial. Though they rendered treatment free of charge, they were accused of profiteering on human misery.

The accusers particularly pretended to bemoan the expense incurred by the victims from the East who were compelled to travel to the West Coast for treatment. But when in 1932 a philanthropist offered the doctors a clinic on Long Island, the cancer associations, organized medicine and the New York Academy of Medicine opposed and blocked the granting of a license for the clinic competition.

It is highly probable that in the instance of cancer there will be repeated the history of the diet deficiency diseases. Defective diet as a cause of disease, scurvy, was first brought to light in 1740 not by doctors, but by seamen. Organized medicine refused to accept this discovery until a century and a half later. Even after vitamins were discovered and isolated, the American Medical Association refused to "accept" or sanction the advertisements of such "nostrums" as cod liver oil.

It is highly probable that among the cancer discoveries which have been suppressed there lies the solution of the problem. It is worthy of note that in recent researches, such as that recently published from the Japanese Foundation for Cancer Research on the checking of a type of cancer growth in animals with liver and yeast, the role of diet and hygiene in the prevention and control of cancer is coming to the fore.

ATTACK PRECIPITATES REFORM

Following the publication of the foregoing account in the Physical Culture

Magazine, on March 3, 1940 the American Society for the Control of Cancer announced at its annual meeting that it was amending its charter and its ways to provide in some vague manner for the relief of the poor victim of cancer with some of the funds which it panhandles from the public In the dispatches, which were delayed to secure more effective display, the science editor propagandists were flatteringly mentioned by name as participants of the scientific conference On March 19, 1940, President F. D. Roosevelt proclaimed the month of April 1940, "Cancer Control Month." "Cancer Propaganda Marches On," hand in hand with politics.

AMERICAN SOCIAL HYGIENE ASSOCIATION

ANTI-VENEREAL CAMPAIGN AND THE GERMAN DYE TRUST

The chief beneficiaries of the campaign against syphilis which has engaged the attention of the nation during the past several years have been the manufacturers of anti-syphilitic drugs. Chief among these are the German Dye Trust and its subsidiaries and the allied Standard Oil and Rockefeller interests which control and license the patents. Their business has been stimulated enormously. A large part of the tens of millions of dollars that have been appropriated by Congress and by other legislative bodies for the campaign on syphilis pours directly into their coffers each year.

The design and intent of the situation is revealed by a number of facts. Notable is the neglect in the campaign of gonorrhea, a disease which is responsible for maiming and killing many more women and men than any other venereal disease.

Direct evidence of the commercial aspect of the campaign appears in the literature and motion picture publicity released jointly by the United States Public Health Service and the American Medical Association. Particularly in the motion pictures a special effort is made to boost the use of some anti-syphilitic drug made in America by firms favored by the American Medical Association.

Among the drugs thus boosted are the arsenic compound Mapharsen and the bismuth compound, Iodobismitol. Both are "accepted" by the A. M. A. The latter contains as a solvent ethylene glycol, one of the group of glycols which in the preparation "elixir sulphanilamide" caused more than a hundred deaths. The extent of poisoning that may be caused by the amounts of ethylene glycol injected into the muscles with this drug has not been determined.

DRUG TREATMENT IS NOT THE BEST

The best method of treatment of syphilis does not involve the use of drugs. Heat therapy, which is technically known as hyperpyrexia, is undoubtedly one of the most effective methods of prevention and treatment of the disease. It is

the only effective method of treatment in forms of nervous syphilis such as general paresis. Some students attribute the comparatively low incidence of syphilis of the nervous system among the Japanese to their custom of taking extremely hot baths daily. Steam baths, which have been used by many hardy people since time immemorial, have the same effect.

It has taken stupidly arrogant scientific medicine a long time to catch up with primitive and traditional medicine in its appreciation of the value of that treatment. Dr. Wagner-Jauregg is the first of the medical scientists reported to have observed the efficacy of the fevers of malaria in clearing up the insanity, general paresis, which is caused by syphilis of the brain. Several years later, in 1919, Drs. Weichbrodt and Jahnel found that *repeated baking* of infected rabbits *completely cured* their syphilis. In 1926, Drs. Schamberg and Hule found that temperatures of 113° destroyed the syphilis-causing spirochetes in rabbits.

When heat treatment was applied to human syphilis there began a conflict of commercial interests. The drug manufacturers fear the destruction of their market for salvarsan and other patent medicines. The syphilis and venereal disease specialists with their poisonous arsenic and bismuth preparations fear the loss of their business to the physiotherapy specialists with their artificial fever apparatus. The usual censorship of Organized Medicine and of the various societies of syphilis specialists, stimulated and richly supported by the drug manufacturers, was put into operation. As is Organized Medicine's customary procedure in these matters, the truth was suppressed and denied publication in medical and scientific channels.

HEAT TREATMENT IS NOT USED IN ANTI-VENEREAL CAMPAIGN

Only falsified reports, or those which belittled the value of heat treatment and boosted that of the drugs were allowed publication. These are commonplace practises of Organized Medicine. In spite of commercial bias, all the published reports agreed that artificial fever "fortifies and intensifies the curative action of drugs in the treatment of syphilis and reduces the time required for treatment." A critical study of the reports, however, indicates that heat is the only method of treatment of syphilis which consistently effects *cures* in a large percent of cases.

The government's anti-syphilis campaign makes scant mention of this method of treatment. Few, or none, of the clinics which have been established with the aid of the millions of dollars that have been appropriated by the Federal Government for the anti-syphilis campaign give their patients the benefit of this oldest, best and least harmful method of treatment of syphilis.

CAMPAIGNS "STANDARDIZED" TREATMENT USES ONLY DRUGS

The routine and standardized treatment of syphilis in clinics was dictated by the organizations of doctors specializing in syphilology with the collaboration of the American Medical Association and the interested drug manufac-

turers. It consists in the alternate administration of salvarsan and other arsenic compounds into the veins of the victim, and of bismuth or mercury into the muscles. Both of these remedies are poisonous. Arsenic, for instance, is the substance which has so often been used for poisoning mice and men. In the form of arsenicals such as salvarsan it may be more deadly than is the mineral.

While it is true that in a fairly large percent of victims these drugs will clear up rapidly the superficial sores of syphilis and reduce the danger of spreading the disease, they may be more damaging and deadly than the syphilis which they are represented as "curing." The arsenic preparation may cause death or blindness by acute poisoning shortly after injection; or it may cause atrophy of the liver or deadly agranulocytosis by chronic poisoning. Bismuth compounds may cause sloughing of the tissues of the mouth, profound anemia and kidney disease. Mercury may destroy the kidneys and liver.

SALVARSAN AND OTHER DRUGS ARE POISONOUS

The dangerous and poisonous character of salvarsan and its derivatives is beautifully illustrated by the intensive, "Blitzkrieg" method of treatment that has been advocated by Drs. Chargin, Leifer and Hyman of the Mount Sinai Hospital, New York City. They injected continuously a weak solution of the drug into veins of a group of eighty-six patients. In fifteen cases there resulted damage to the liver, in over thirty cases neuritis developed and in two patients hemorrhage in the brain was caused. One patient was killed by the experiment and the fate of seven more is unknown. More will be related concerning this experiment on human guinea pigs.

Most dangerous of all the remedies used in the treatment of syphilis in the current campaign is tryparsamide. It was originally created by Paul Ehrlich, who was more of a chemist than a physician, in the course of his quest for an arsenic compound that would quickly clear up the symptoms of syphilis, which eventually led to the discovery of 606. He quickly abandoned the use of tryparsamide because it caused optic atrophy and blindness in so many of the animals that were treated with it.

ROCKEFELLER INSTITUTE LICENSED BLINDING TRYPARSAMIDE

Tryparsamide was reintroduced into medicine and the treatment of syphilis when the Rockefeller Institute patented an improvement in the method of its production which they licensed to Merck & Company for manufacture and sale. The use of tryparsamide is required by the standardizing authorities in a certain percent of the cases of syphilis treated in the clinics. Ostensibly the object of the use of this poison is to determine if in spite of its blinding effect it has any advantage over other arsenic preparations. Many persons treated with this drug in the clinics during the current anti-syphilis campaign have been permanently blinded by it. This is an example of human sacrifice to experimentation, commercialism and mass production methods introduced into medicine by Organized Social Service.

SYPHILITIC KERATITIS CURED BY DIET

How utterly worthless and misguided the "standardized" methods of treat-

ment of syphilis are, the instance of interstitial keratitis demonstrates. Interstitial keratitis is a disease of the clear part of the eye, the cornea, which occurs in persons who have been born infected with syphilis. It generally appears in the second or third decade of life and is characterized by a chronic inflammation of the eye and cornea which generally clears up after a while, often leaving behind a blinding scar. The "accepted practise" in the treatment of interstitial keratitis is persistent injection with arsenicals, bismuth and mercury.

For the past five years I have noted that treatment with vitamin-rich diets or with vitamin concentrates, especially with Vitamin A and the B group, is very effective in clearing up interstitial keratitis and so reported to colleagues.

In the January 1939 issue of the Journal of Experimental Medicine, Bessey and Wolbach published data which confirmed my findings. Further confirmation was published in the January 26, 1940, issue of the Public Health Reports of the United States Public Health Service. The authors reported success in the treatment of two cases of interstitial keratitis, which resisted "standard" anti-syphilitic treatment, with riboflavin, a vitamin of the B group.

A. S. H. A. CAMPAIGN BOOSTS DRUG PROFITS

To the American Social Hygiene Association must be given the credit for engineering the current campaign on syphilis, and its methods. The older phases of the campaign were handled by the medical profession and health authorities who were rapidly wiping out the disease. They were materially aided by salvarsan, which often makes syphilis non-contagious though it does not cure; and causes only moderate poisoning and injury if used with discretion. So successful were they that by 1938 syphilis was rapidly disappearing. Doctors who used to see two or three dozen fresh cases of syphilis a year began to think themselves lucky if they saw one or two a year.

This drop in the incidence of syphilis implied a terrible slump in the business of the drug manufacturers. This was further threatened by the introduction into medicine of the malarial treatment and later the heat treatment of some forms of advanced syphilis, and by the suggestion of the use of artificial heat in the treatment of all syphilis. It was then that the American Social Hygiene Association began to take an active interest in the treatment of syphilis and to launch a campaign "to wipe out syphilis."

A. S. H. A. ABANDONS MORALS FOR RESCUE OF DRUG TRUST

The A. S. H. A. was one of a group of social service agencies which had been launched to exploit disease by the "geniuses" of the National Tuberculosis Association with which it nested and shared offices at 370 Seventh Avenue, New York City. Its offices are now in Rockefeller's Radio City. In its early days it played the role of a feeble step-child. Its announced purposes were:

"To acquire and diffuse knowledge for promoting social health.

"To advocate the highest standards of private and public morality.

"To suppress commercialized vice and the eradication of diseases of vice.

"To secure cooperation among local societies in these and related purposes."

From a modest, prudish defender of virtue, the A. S. H. A. became transformed into a bedizened, shrieking advertiser of the vices and their profits, when there arose the emergency above described. No doubt the growth of Freudian and Marxian concepts helped to make this transformation possible. Communist Russia had led the way. At any rate, the Association has seized the control and direction of venereal disease activities in the United States.

In maintaining its authority and prestige in the field, the Association has been helped considerably by the cooperation of government officials and of the U. S. Public Health Service, is the Chairman of its General Advisory Committee. Among its officers and its Board of Directors it has some of the most influential specialists in syphilology as well as some of the most influential figures in the field of social service.

FANTASTIC STATISTICS

Statistics are invariably the resort of Organized Social Service to justify its existence and activities. The American Social Hygiene Association is no exception to the rule in the matter of statistics. They have their own pet array of statistics to prove how necessary and valuable is their work for the salvation of mankind and how necessary is Compulsory Health Insurance, the generic program of the clan. Their statistics are quoted as infallible by all their kindred organizations and by the newspapers and magazines that spread their propaganda.

But the Association does not even pretend that its statistics on the incidence of syphilis match the facts. In an article entitled "Facts Behind the Laws" published in November 1938 in *The Journal of Social Hygiene,* the official monthly publication of the Association, its statistician, says that the *estimated* "weighted average" prevalence of syphilis is a little over 3 percent among the white population, over 15 percent among the negro, and 4.37 percent for all. This last figure is interpreted as

> "In round numbers, 5%."
>
> "On a different basis of figuring, Dr. Thomas Parran has estimated 'syphilis strikes one in ten adults at some time during his or her lifetime,' " the author quotes.

The most reliable survey thus far made, that of the City of New York, which represents a fair cross-section of the populace of the country, indicates that the prevalence of syphilis is less than 1%. Even among the negroes of Harlem, the black metropolis of the world, and a fairly reliable cross-section of the race, the incidence of syphilis is considerably less than one-half of the A. S. H. A. figure.

When the officers of the Association are asked to explain the discrepancy of their figures as compared with other reliable sources, they explain that their figure is a statistician's estimate. The estimate, they allege, is a guess of how many persons have had syphilis in the past, how many have it now, and how many will have it before they die. These statistics are very sanguine and it is difficult to see that they are more than mere wishful thinking. But they have played an important role in engineering the campaign and in wangling funds from Congress.

BLOOD TESTS ARE NOT SPECIFIC OR RELIABLE

Excessive zeal of a similar character has played an important role in garnering a multitude of patients for injection with the drugs that comprise the "standard treatment." A great majority of the millions of patients are being treated merely because they have a "positive blood test." By this is generally meant a positive Wassermann reaction. Thereby hangs an interesting tale of a canonized blunder.

The Wassermann test is not the reliable, specific index of syphilis that it was thought to be when it was first introduced about twenty-five years ago. Its originator first made the test with the livers of infants that had died of congenital syphilis and imagined that it was a specific test for the spirochete that causes syphilis much like other specific tests used for the diagnosis of other infections.

It was soon discovered that this notion was entirely false; that far from being specific, the test could be performed with almost any substance—provided the chemicals and blood were properly juggled. Dr. Hans Zinnser, professor of bacteriology of Harvard University stated in his lectures:

> "By proper titration of the reagents, your boots can be given a positive Wasserman reaction."

The chemical that is now generally used in making these tests does not bear the slightest resemblance to the spirochete which was supposedly involved and detected—it is an alcoholic extract of beef heart or muscle.

TESTS ARE *"PURELY EMPIRICAL"* SAYS PARRAN

Concerning the real meaning of the Wassermann reaction or what is responsible for it, little is known. It is known, however, that the reaction is not reliable. Differences in methods of handling the blood drawn from the subject will affect the reaction. The time of the day when the blood is taken, or the food eaten by the subject, may change the reaction. The same blood examined by different laboratories may give entirely different results.

Dr. Thomas Parran says of the tests, in his book "Shadow On the Land"* as follows:

> "After thirty years of using serodiagnostic tests, *they are still purely empirical.* We do not know that a negative test in a person who has had syphilis does not mean that the disease is cured. We are not sure that a persistently positive test means that organisms persist. We think it does, but positive blood tests for other diseases—typhoid and diphtheria, for example—persist after the living organisms have been killed off. *There is no way of determining accurately the time when the last syphilis organism has been exterminated from the body."*

In another paper which Dr. Parran wrote in collaboration with Drs. Hazen, Mahoney, Sanford, Senear, Simpson and Vonderlehr and published in the *Journal of the American Medical Association* of August 7, 1937, he states,

> "A patient showing a positive test *may reasonably be suspected* of having syphilis."

* Reynal and Hitchcock, 1937, p. 56.

In short, the presence of a positive Wassermann reaction no more certainly implies the presence of syphilis than a negative implies its absence.

NEEDLESS AND OFT USELESS DRUGGING IS COMPULSORY

In spite of the inaccuracy of the Wassermann test, it is being made the absolute criterion for persistent drugging of hundreds of thousands, possibly millions, of victims. They can now be forced by law to submit to treatment until the Wassermann is negative. Some of them are persons who for unknown reasons have a positive Wassermann reaction though absolutely free of syphilis or any other disease. Others have inactive syphilis that does no harm to them or to others but is accompanied by a positive Wassermann reaction. Though these people can not possibly be benefited by the drugs, but can be seriously injured by them, they may be compelled by law to submit to endless series of injections. But these facts are a matter of indifference to the authorities.

One of my patients who suffered from retinitis pigmentosa due to failure of assimilation of Vitamin A, was maliciously reported to be suffering from syphilis by a doctor whom she had left to come under my care. Agents of the Health Department hounded the girl with the objective of forcing her to take treatment in its clinic, in spite of the fact that I notified the authorities that the girl was not syphilitic and that treatment for syphilis would be positively injurious. So persistent was the attempt to boost the attendance at the clinic by compelling her to take treatment that the girl was forced to threaten legal action against the Department to avoid further persecution.

WASSERMANNS, DRUG PROFITS AND WEDDINGS

Positive Wassermann reactions increase very materially the number of patients in the clinics and stimulate tremendously the business of drug manufacturers. How little justification there is for the treatment of some of the victims is made clear by this quotation from page 167 of *"Shadow on the Land"*:

> "Should we disregard the cases of late syphilis, concentrating on the early infectious case? Public health theory said, 'Yes. The old syphilitic can't hurt anyone but himself.' "

There is a tragic phase to the false reputation for reliability ascribed to the Wassermann and other reactions under the law in this campaign. "Pre-Marital Blood-Test Laws" in many states bar or delay marriage of persons whose Wassermann reactions are "positive." The individuals involved in these tragedies feel stigmatized and shun any publicity even if the Medical-Social Service Trust censorship would permit it. But one such case has been reported by Walter Winchell in his column. A prospective groom was notified that his blood test was "positive," which meant that the marriage could not take place. The lovelorn swain committed sucide. Several days later the laboratory forwarded a corrected "negative" report with an apology for the error that it had made .

SPREAD OF SYPHILIS STIMULATED

The A. S. H. A., with its allies, has supported measures which increase the dangers of spreading syphilis. It has stimulated the opening of numerous clinics for the treatment of patients who are permitted to wander about in the community and spread the disease while under treatment. In large cities the spread of the disease by ambulant patients is accentuated by the fact that they are compelled to travel to centrally located clinics in crowded subways, street cars and buses. The public with whom they come in contact in their travels are exposed to the dangers of the disease. Thus one of the largest and most active clinics in New York City is located in the heart of the crowded downtown business district, the Brooklyn Bridge-Wall Street section; and it compels its patients to travel from far and wide in crowded subways and vehicles at the height of the morning rush hour.

The officers and personnel of the A. S. H. A. depend for their jobs and their livelihoods upon the existence of venereal diseases. Like all of us they are ambitious, seek bigger and better jobs, and try to cling to every shred of vested interest in them. It can be appreciated that the disappearance of syphilis would be as much a calamity for them as was the outmoding of corsets to the corsetiere. They are so highly specialized in their training and experience that they can subsist only on syphilis. They can only thrive, be fruitful and multiply on ever increasing numbers of syphilitics.

Their situation illustrates one of the menaces to the public of highly specialized laymen "public health officers" and "medical social" workers. They cannot find employment except in their specialized niches. Mayhaps one should not be surprised if they do seek to avoid the elimination of the evils which they pretend to fight, in view of the present day deterioration of ethical standards.

SYPHILITIC CHILDREN SAVED FOR THE WORLD

One of the measures that ensures a steady increase in the number of syphilitics who will require treatment is the group of laws passed under the propaganda pressure of the A. S. H. A. which compels the treatment of all mothers who show a positive Wassermann reaction during pregnancy, so that they give birth to live children. The treatment does not insure that the children will be free of syphilis. On the contrary, a large proportion of them may develop syphilis later in life and transmit it to their children; and they will help swell the population of our insane asylums and other institutions. This is made clear by the statement in the Association's reprint *"Facts Behind the Law"* made on the authority of Dr. Parran's *"Shadow on the Land"* regarding reputed discoveries concerning syphilis in pregnancy:

> "Five times out of six untreated syphilitic mothers will bear dead or diseased children. Ten times out of eleven, the syphilitic mother *will bear a healthy child* if treatment is adequate and is begun before the fifth month of pregnancy. One half of syphilis discovered in pregnancy is found later than the fifth month. Three times out of five the syphilitic mother will bear a healthy child even when treatment begins after the fifth month of pregnancy."

If by a healthy child is meant one that appears to be healthy at birth but later in life shows signs of late syphilis, that section in Dr. Parran's statement is correct. It is evident, however, that the new law provides for the live birth of many syphilitic children. These laws help to frustrate Nature's method of reducing the number of syphilitics by preventing their birth, and thereby increase the numbers that require treatment and swell the drug companies' business.

STANDARDIZED TREATMENT IS NOT CERTAIN CURE

In the campaign on syphilis, it is encouraging that there has been no resort to the device of the unscrupulous quack who keeps on his payroll a highly infected woman who spreads the disease and recommends his services to her victims. The "ethics" of the situation has been kept above that plane.

The public has been encouraged, however, to have little fear of acquiring the disease, by false assurances that it is regularly curable. Thus, standardized circulars issued by health department state:

> "Question: CAN SYPHILIS BE CURED?"
> "Answer: Yes."

In *"Shadow on the Land"* Dr. Parran does not openly state that syphilis is curable. But he does make some statements which permit the reader to infer that there is a cure. Thus, on page 56, he states;

> ". . . when cases of early syphilis are brought under treatment at the time when their chances for *cure* are brightest, from 60 to 80 percent of them discontinue treatment before they are non-infectious and long before they are *safely cured*. It is estimated that 1,713,400 cases would be constantly under treatment if each continued until cured."

The truth of the matter is that competent and honest authorities on the subject agree that the methods now in use do not yield a *cure* of syphilis though the active superficial lesions can be cleared up rapidly and the danger of infecting others thereby reduced.

This was concisely stated by Dr. J. Tomassi in an article on the "Diagnosis and Cure of Syphilis" published in the January 1927 issue of the Italian *Archives of Dermatology and Syphilis,* in the following words:

> ". . . *individual cases it is impossible to be sure of an absolute cure.* A late latency and a recurrence is always possible."

Professor Henry H. Hazen, a collaborator of Dr. Parran, in his textbook on syphilis likewise states:

> "The criteria of cure are most unsatisfactory. Not until more cases have been followed for many years shall we know exactly what has been accomplished. Relapses have been reported after the patient has been clinically or serologically negative for eight or ten years."

Professor Warthin of the University of Michigan performed post-mortems on a large series of cases of syphilis that were supposedly cured by the standardized "accepted" treatment. In every case he found evidence somewhere in the body of active syphilis. Indeed, the only record of absolute cures of syphilis

that was confirmed by post-mortems was the series of cases of rabbits treated by heat, as already related.

The treatment situation in syphilis has been succinctly stated by Professor Stokes, a prominent specialist on the subject. He wrote:

> "Lacking an intelligent objective, too often we just shoot, shoot till the patient topples and falls."

CLINICS ENDANGER PATIENTS' LIVES

Salvarsan treatment involves an element of danger in the form of reactions to the medication that may result in collapse of the patient immediately following treatment. Occasionally these reactions may be serious and threaten death. Therefore the treatments should be administered only where there are hospital or other facilities for the care of these victims. Most of the clinics which exist in connection with health departments and most of those established with funds appropriated by Congress lack any facilities for hospitalization, and actually endanger the lives of these patients by putting them out before they have had a chance to recover.

These clinics have been established in competition with the hospitals, where they all properly belong. Organized Social Service and the American Social Hygiene Association have opposed their transfer to hospitals because then their control over them would not be so complete and there would be fewer positions for their workers.

QUARANTINE TO CONTROL SYPHILIS NOT SPONSORED

A measure which would do more than any amount of garish publicity, vulgar exploitation, or any other device to reduce the incidence of syphilis would be to put it on the same basis as any other contagious or infectious disease. These diseases are isolated and quarantined to prevent their spread. If this were done with active cases of syphilis the incidence of the disease could be reduced. No greater time or hardship would be involved than in the quarantine of the scarlet fever or typhoid fever case; for syphilis can be rendered free of contagion by four to eight weeks of routine "standard" treatment even more rapidly by modern hyperintensive medical treatment, by hyperpyrexia, or by the two combined.

But the Association has failed to use its influence or its vast publicity and propaganda machine, which it pretends to dedicate to the function of placing syphilis on the same plane as any other infectious disease, to agitate or secure the adoption of regulations for its quarantine. Only prostitutes who are found infected when placed under arrest are now placed under quarantine, under the provisions of old health and police regulations.

ADMIRAL BUTLER BRANDS PARRAN'S CAMPAIGN ABSURD

In view of what has been related, it is not surprising that when Dr. Parran launched the government in a costly campaign "to wipe out syphilis," Admiral Butler of the United States Navy attacked the program as humbug. As he predicted, there has been no drop in the prevalence of syphilis or other venereal diseases that can be attributed to the campaign.

This orgy of needless and useless drugging of a horde of victims and health department treatment of cases that should be turned over to hospitals, has meant in many communities the discontinuance of essential public health measures. In addition to the enormous waste of public health funds involved in these needless treatments, there has been a profligate squandering of money on the establishment and maintenance of new and unneeded clinics. Many of them proved unsuccessful in their competition with established hospitals and were soon shut down.

The highest items of cost in the campaign are the fat salaries of boondoggling social service workers and "executive" health personnel that have been permanently saddled on the public purse. The bureaucracy, red tape and standardization that have evolved about the program will undoubtedly delay for many years the adoption of a really effective method of treating syphilis.

GERMAN DYE TRUST PROFITS OF CAMPAIGN ARE KEPT SECRET

The profits of the drug manufacturers, however, have been enormously increased by the payment into their coffers of large sums of money from several government agencies. Most of the domestic drug companies which manufacture these drugs are owned or controlled by the German Dye Trust or its subsidiaries in which the Standard Oil and Rockefellers are heavily interested; and a majority of the balance are licensed by it. How large are the sums paid into them for the drugs and what is the bill to the taxpayers is difficult to determine. How much of it thereby finds its way to Germany and the support of its regime and similar statistics are carefully guarded from the public eye.

ASSOCIATION APPEALS FOR FUNDS FOR ITS "GOOD WORK"

For the maintenance of its "good work" the A. S. H. A., under the chairmanship of Frank E. Gannett, has appealed to the public for funds and support. But the Association refused repeatedly to permit inspection of its books, or its payroll, which it says are its own private affair.

Under the circumstances, it is difficult to determine what is the income of the Association from its publishing business. It must be quite sizeable; because the organization does a thriving business and charges liberally for all its publications, including its leaflets. It is also impossible to state how much the organization puts in the melting pot of the social service and Bismarxian propaganda.

The situation is a perfect sample of the benefits which the community derives from the invasion of public health work by Organized Social Service.

CHAPTER V.

PHILANTHROPY AND THE SOCIAL SERVICE RACKETS

UNDER the guidance and control of Organized Social Service, philanthropy is rapidly becoming a gigantic racket. It is assuming the aspect of one of the most lucrative phases of the Social Service Racket.

Professor Arthur J. Toll, head of the Department of Sociology at Northwestern University, has pointed out that philanthropy is the eighth largest business enterprise in the United States. It has an income of about two and a half billion dollars each year. This income is larger than that of the French or German governments, or of the United States Steel Corporation, but is exceeded by the incomes of the American and British governments. A fine prize it is, indeed, for an up- and- coming racket.

The uses of "philanthropy" are many. There are still some philanthropies which are motivated by the spirit of the donor's generosity, pure, simple and unadulterated. They are becoming fewer and farther between. They are characterized by personal services and the supply of personal needs to the less fortunate elements in the community. Among them are orphanages, homes for the aged and other such institutions.

PHILANTHROPY, A BUSINESS ADJUNCT

Philanthropies established in recent years are, to an increasing extent, becoming mere adjuncts to business—business lobbies. Even foundations for medical research are being utilized primarily to further business interests. The semblance of charity maintained by philanthropic organizations evokes from the community an attitude of gratitude, and results in a relaxation of many of the laws which regulate, control and hamper business.

How effective philanthropic foundations are in enabling evasion of the law is made clear by recent developments in the affairs of the New York Transit Company. Almost a quarter of its outstanding stock was transferred by Rockefeller to his Foundation, after the Supreme Court decree of 1911 which ordered a dissolution of the Standard Oil Company. In February 1940, Louis Boehm, a New York attorney, challenged the legality of the Foundation voting its stock. He charged that since its block of stock constituted the balance of power in the Company, the Rockefeller Foundation was continuing in power the management of its owner. This he alleged is an evasion that violates the dissolution decree.

TAX EVASION

The control of these foundations is generally retained by the founder, or his descendants, or associates. Foundations generally are exempt from taxation, and may be used to evade taxes. Foundations serve the purpose of hold-

ing companies, and enable evasion of anti-trust laws and Interstate Commerce Commission regulations. It is readily understandable that the stock held by these foundations is voted as the founder or his administrators require.

The "philanthropist" accomplishes two things that are generally incompatible when he endows a foundation—he eats his pie and he keeps it. If he should give money to charity, it would be lost to him. By giving it to his foundation, he retains control of income on which he thereby escapes taxation. The foundation is in reality often a device for converting taxes withheld thereby from the government into capital gains for the founder. Taxes on the returns of these gains are also perpetually evaded.

C. Lowell Harris, instructor of economics at Columbia University, has made a special study of the tax evasion possibilities in "philanthropy" and reported, according to the New York *Herald Tribune* of March 20, 1940, as follows:

> "By devoting his wealth to philanthropic purposes, a person can control the investments and *can leave his heirs responsible salaried positions as trustees or co-trustees.*"

Due to the uses made of foundations, the extent of the capital gain of its founder is enormously enhanced. He, and his business, profit enormously from the pages of free newspaper and periodical publicity and the consequent advertising. No cleverer advertising device than the foundation has ever been devised.

The supreme role of the foundation is that of molding public opinion, propaganda. With the aid of a clever propagandist such as Frederick T. Gates, Ivy Lee, Carl Byoir or Edward Bernays, foundations may rule a land. Public opinion and the press can be so completely poisoned as to pervert the minds and senses of nations.

HEALTH AND MEDICAL RESEARCH ARE GOOD CAMOUFLAGE

These philanthropies make a practice of widely advertising their "noble" purposes which are generally alleged to be advancement of public health and of individual health, medical research and improvement of social conditions. The public acclaim which these announced bogus objectives evoke serves to effectively mask less noble commercial activities which often are actively inimical to public interests and dangerous to the welfare of the nation. At the same time they serve to cloak the supposed philanthropist with glory, renown, public influence, and the odor of benevolence and sanctity. The "philanthropist" becomes a public figure who can sway a sufficiently large section of public opinion to accomplish his ulterior objectives.

The Social Service Racket has been largely instrumental in stimulating the conversion of legitimate philanthropy, and of philanthropies designed to serve mercantile and business purposes, to its own even more questionable uses.

THE RUSSELL SAGE FOUNDATION

Illustrative of a true philanthropy that has been perverted by the Social Service Racket to its own purposes is the Russell Sage Foundation.

This Foundation was established by Mrs. Russell Sage as a memorial to her husband in 1907. It was organized

> "for the purpose of receiving and maintaining a fund, or funds, and applying the income thereof to the improvement of social and living conditions in the United States of America."

It is one of the few foundations established by outright gifts. It received initially ten million dollars. Its capital was later increased to fifteen million by a bequest from Mrs. Sage.

The charter allows the Foundation considerable freedom of activity and states

> "it shall use any means to that end which from time to time shall seem expedient to its members or trustees, including research publication, education, the establishment and maintenance of charitable or benevolent activities, agencies and institutions, or the aid of such activities, agencies or institutions already established."

"CHARITY BEGINS AT HOME"

The Foundation has been under the control of the social service forces from its inception. They converted the entire income of the Foundation to providing jobs and salaries for themselves. By the very plan of its organization the Foundation revealed its espousal of Bismarck's made-in-Germany "New Deal," and as time went on its policy followed the trend of that propaganda ever further to the left, serving in capacity of fellow traveler, agent and apostle. The Foundation became an important factor in the support of that propaganda in this country.

The Foundation has become one of the cornerstones of the Organized Social Service and is the spawning ground of a host of new rackets in the field. This purpose was clearly indicated by the decision of the trustees that the Foundation

> "may wisely initiate movements in the expectation of having them maintain themselves unaided after once being started."

Under this decision none of the more than half a million dollar income of the fund goes to the "maintenance of charitable or benevolent activities," one of the expressly stated objects of the donor. The description of activities issued by John M. Glenn, when General Director of the Foundation, reads

> "It does not relieve individual need . . ."

This statement, however, is questionable. The Foundation does relieve most liberally the individual needs of its social service boondogglers. The Foundation maintains generously the social service tradition.

> "Charity begins at home."

The salaries which they pay themselves are most charitably and generously munificent.

The foundation has made a gesture in the direction of fulfilling the order of its founder. It maintains a "Charity Organization" which

"Aims to study and publish in the field of social case work and family welfare."

This provides "charity," also, only for themselves.

Among the "benefits" which the Russell Sage Foundation has contributed to "improvement of social and living conditions" are statistics galore: statistics on labor relations; statistics on housing conditions; statistics on moving pictures; statistics on unemployment. Like other branches of the Social Service Racket, the only statistics the Foundation does not publish are statistics on the salaries which its executives and workers pay themselves and on the cost of their activities to the Nation.

SUBVERSIVE AND ALIEN PROPAGANDA

In short, the Foundation is entirely devoted to propaganda. It is the refuge of crack-pot sociologists and economists who subscribe to proper shades of alien doctrines. It has helped to demoralize our nation by fostering absurd economic notions and trends which have served to aggrandize "social service" by distributing poverty.

Mary Van Kleeck, the director of the Industrial Division of the Foundation, is one of the most important left wing apostles in the country. She has undertaken to give to the Communist Party and to the radical labor movements the full support of the Foundation in so far as it is in her power. Together with John L. Lewis of the C. I. O. and Edwin S. Smith, member of the National Labor Relations Board, Miss Van Kleeck undertook to represent the United States at a recent radical Mexican Labor Congress. She endorsed the confiscation of American oil properties, assuring the Mexican Government among other things that

"Insistence (on the part of the U. S. A.) on immediate payment (for the confiscated property) . . . is objectionable . . . because it is unneighborly . . ."

If enough "Americans" of the superior type who now officer our foundations become as outspoken in their views and as effective in their activities, there is a possibility that the effects of the Revolutionary War and of our Constitution, which they so horribly deplore, will soon be undone. A Congressional investigation of the subversive activities of foundations and their subsidiaries is long overdue. It would be no great surprise to the informed if it were found that some of them, including the Russell Sage Foundation, are the principal domestic supporters of Communist and other radical movements in this country and have been the witting or unwitting agents of other alien propagandists.

"PRINCES OF THE BEGGARS' GUILD"

The most fitting memorial which the Foundation has set up to its unwitting usurer-benefactor, Russell Sage, is its recommendation of confiscatory interest rates of 30% to 42% on small loans, which have been embodied in the laws of several States.

Far indeed has the Foundation strayed from the expressed objective of the founder, i.e., "improvement of social and living conditions in the United

States." It has fostered the principles and movements that have made the United States the Relief pauperized nation that it has become.

An indication of what might have been done with a fraction of the income of the Foundation, to point the way to "improvement of social and living conditions" is the remarkable social experiment conducted by the Society of St. Francis Xavier among the fishermen of Newfoundland. With practically no capital, they have developed a social organization which has lifted those people from direct poverty to relative affluence in the midst of world-wide depression. Another such plan succeeded in Coonsaw, Washington.

But anything so rational and effective, which serves to eliminate the need for "social service," the Russell Sage Foundation and its henchmen would not dream to foster. They are veritable princes in the Guild of Beggars.

That rugged individualist, Russell Sage, must squirm in his grave at the mere idea that such an outfit should bear his name.

MILBANK MEMORIAL FUND

The Milbank Memorial Fund was established in 1905 by Mrs. Elizabeth Milbank Anderson in honor of her father, Joseph Milbank; it is largely financed by three percent of the stock of the Borden Company. Thus the Fund is in effect a milk stock holding company and voting trust. Its charter states that its object is

> "to prevent and to relieve human suffering and to aid humanity in the pursuit of useful and happy lives."

In 1931 the Fund held 152,761 shares of Borden Company milk stock. In the Fund this stock remains in the direct control of the Milbank family. For Albert G. Milbank is both President and Chairman of the Board of Directors of the Fund. He is also Chairman of the Board of Directors of Borden Company. As a member of the firm of Milbank, Hope, Tweed and Webb he also represented the Chase National Bank in its German Dye Trust bond flotations. In the person of Jeremiah Milbank, a brother of the founder, the Milbank Fund interlocks with the Metropolitan Life Insurance Company, the Chase National Bank and the Morgan and Rockefeller interests.

It should be noted, in passing, that Vice-President Garner (then Congressman from Texas) revealed to Congress in September 1930 the breadth of Jeremiah Milbank's philanthropies. He reported that Mr. Milbank had contributed ten thousand dollars to the Republican campaign fund in 1928 and that later he and tax-paying interests with which he was identified received the following income tax refunds:

> "Jeremiah Milbank, New York, Director Chase National Bank, refunded $41,239 in 1928; Director Metropolitan Life Insurance Company, $32,102 in 1929, and $771,848 in 1930; son of Joseph Milbank whose estate was granted a refund of $46,344 in 1929."

Another philanthropy of Jeremiah Milbank and the Milbank Memorial fund is Georgia Warm Springs. They have contributed about $55,000 to Governor and President Roosevelt's Georgia Warm Springs Foundation Inc. of New York, shortly before favorable milk laws were introduced before the New York State Legislature.

JOHN A. KINGSBURY "LED" MILBANK FUND

The guiding spirit of the activities of the Fund was John A. Kingsbury, who as truly personifies "social service" as his colleague Harry L. Hopkins. Kingsbury's name has already been mentioned in connection with the Thompson Committee investigation of the Charity Trust. He was the director of the Association For Improvement of the Condition of the Poor at that time. One of the group of leaders of social service activities, he was a "liberal" in the true sense of Bismarck's propaganda. An astute politician, he began his career as a mild liberal and followed the trend of the propaganda in the direction of Communism.

Illustrating the latter phase of his activities is the volume "Red Medicine" which he wrote jointly with Sir Arthur Newsholme. In it is portrayed the excellence of the Communist organization of medicine which is recommended for adoption in the U. S. These perfections are borne out by the war news from Finland which reports that almost as many Russian soldiers died from the preventable disease smallpox as from war injuries.

But he finds no incompatability in the principles of Socialism, Communism, or social service, and acts serving his own and other interests; no inconsistency in the "distribution of wealth" and caring well for himself in the true social service spirit of "charity begins at home."

JOHN A. KINGSBURY'S CAMPAIGN FOR SOCIALIZED MEDICINE PRECIPITATES BORDEN BOYCOTT

As secretary of the Milbank Fund, Kingsbury extended the Fund's influence over public health agencies and health departments throughout New York State. He also used the coin, power and influence of the Fund for propaganda for one of the most important phases of Bismarck's program, "Socialized" or "Red" Medicine. As a consequence of the latter activities, Kingsbury's connections with the Fund were terminated. In the recriminations and altercation which ensued, Kingsbury revealed to the public what are the true purposes of the Milbank Memorial Fund.

A group of physicians in Indiana resented the anti-medical activities of the Milbank Fund and its secretary and instituted or threatened to institute a boycott against the Borden Company in their communities. The idea spread rapidly and threatened to reduce severely the profits of the company.

The officers of the Borden Company promptly went into action. They agreed to terminate the anti-medical activities of the Milbank Memorial Fund and to oust John A. Kingsbury. This offer was accepted in settlement, John A. Kingsbury was retired on a sizeable pension and the Fund withdrew its *open and official* support from the "Socialized" Medicine propaganda.

BORDEN COMPANY ACKNOWLEDGES MILBANK FUND CONTROL

THIS ACTION CONSTITUTED PUBLIC ACKNOWLEDGEMENT BY THE BORDEN COMPANY THAT IT CONTROLS AND DOMINATES THE MILBANK MEMORIAL FUND AND USES IT TO FURTHER ITS MILK BUSINESS.

An entirely new light is thrown by this incident on the career of John A. Kingsbury and his social service associates and on the activities of the Milbank Fund. Between 1911 and 1914, Kingsbury was the General Director of the Association for Improvement of the Condition of the Poor, which organization, it has been related, was accused by Commissioner MacBride of being a tool of the Borden Company. During the following four years he was impressed by politicians and the Morgan-Rockefeller financed Bureau of Municipal Research into service in the Mitchell regime as Commissioner of Public Charities of New York City. In 1921 he returned to the service of the Borden Company as General Secretary of the Milbank Fund.

When retired by the Milbank Fund in 1935, at the instance of the Borden Company, Kingsbury and his allies accused the Fund of being a propaganda and business agency of the milk company. James Rorty, a fiery radical writing in the crimson magazine *Nation* (June 24, 1936, p. 803) which has been a consistent mouthpiece of the Bismarxian propaganda, venomously attacked the Fund, as a friend, tovarich, kamerad or fellow traveler of Kingsbury's. He revealed that Mr. Milbank was reported by Kingsbury as stating: "Mr. Kingsbury was at heart a socialist." The Fund, he reported, grants Kingsbury a life pension of eight thousand dollars. He reviled them for its "inadequacy." He exulted that this meagre pension was supplemented with Relief by his pal Harry L. Hopkins:

> "Mr. Kingsbury is now employed by the Works Progress Administration."

PURGES PRECIPITATED

The significance of the milk activities of the Milbank Memorial Fund is accentuated by the fact that shortly after being placed on the pension Kingsbury, in his pique, was party to the formation of a milk cooperative in New York City that aimed to undermine and destroy milk distributors such as the Borden Company. A little more light is cast on the situation by the report of a Congressional Committee that the cooperative is dominated by Communists.

Kingsbury, with equally touching loyalty, attacked the Association for Improvement of the Condition of the Poor, with which he had been associated previously, because it refused to surrender its funds, and sufficient influence was brought to bear to force the organization out of existence. It merged with the Charity Organization Society to form the Community Service Society.

Now that social service controls our Federal Government no doubt we may expect to see more purges of social service agencies; also of foundations. No style of alien activity fails to influence our domestic propagandists, and purges are now the fashion.

BORDEN COMPANY INDICTED

The Borden Company has been indicted by the Federal Government. Mayhap it also is heading for a purge. Mr. Milbank no doubt is beginning to realize the significance of the Bismarxian, or "Communazi," propaganda which he fostered.

In the light of these incidents, the influence of the Milbank Memorial Fund over public health agencies and health departments assumes a sinister complexion. For health departments control the milk business to protect public health and life against the many dangers that are inherent in milk. Control of health departments and milk inspection by milk companies or their agencies, implies betrayal of the public and sacrifice of health and lives to commercial interests.

MENACE OF HEALTH DEPARTMENT CONTROL

The menace to the health of the public that the personnel and the alliances of the Milbank Memorial Fund might offer is grave. Among its officers and board of directors are to be found usually the health commissioners of New York State, of New York City, of Westchester County, and the Surgeon General of the U. S. Public Health Service. The Fund interlocks directors with every important social service organization, with universities, medical schools and key medical societies. The administration of the Fund has informed the press that it is its policy to pay for their services health officers and advisers. On the Milbank Board in 1932 were the following:

Thomas Parran, Jr., M. D., then Health Commissioner of the State of New York, member of the New York State Milk Control Board, member or officer of a host of medical social service agencies. He was later made Surgeon General of the U. S. Public Health Service and chairman of the International Health Division of the Rockefeller Foundation.

Shirley W. Wynne, M. D., then Health Commissioner of New York City, who abolished the sale of the inexpensive loose milk that had reduced the profits of the Milk Trust. When he was ousted from office by the LaGuardia administration to be replaced by another man, handpicked by the same group, Wynne was provided for through a highly lucrative job as the head of a Milk Trust lobby, the New York and New Jersey Milk Institute. He is now also President of The Children's Welfare Federation of New York City, Inc., that has as its motto "In Unity Lies Strength to Guard the Child"—and the Milk Trust.

Matthias Nicoll, Jr., Jr., M. D., Health Commissioner of the County of Westchester.

Hugh S. Cumming, M. D., Surgeon General of the United States Public Health Service, now retired.

Haven Emerson, M. D., former Commissioner of Health of New York City, Professor of Public Health at Columbia University, Secretary of the American Heart Association, Inc., Chairman of Welfare Council, etc. He has recently been appointed a member of the Board of Health of New York City.

Homer Folks, Secretary of State Charities Aid Association, Chairman of Executive Committee of Welfare Council of New York City, Vice-President of New York Tuberculosis and Health Association, Chairman of the Executive Committee of East Harlem Health Center.

Frank P. Graves, Commissioner of State Department of Education of New York.

William Park, M. D., Director of Bureau of Laboratories of the Health Department of New York City.

C. E. A. Winslow, Secretary of National Health Council, Professor of Public Health Yale School of Medicine, a sanitarian who is regarded as a *medical expert*. Officer of American Public Health Association

William F. Snow, M. D., General Director of the American Social Hygiene Association, Inc., President of the Health Education Council of New York, President of National Health Council.

Fred M. Stein, Treasurer of the Allied Dental Clinics, Inc., Secretary of the New York Tuberculosis and Health Association, President of Committee for the care of Jewish Tuberculous.

Livingston Farrand, M. D., President of Cornell University Medical College.

J. Alexander Miller, M. D., member of Committee of Public Relations of the New York Academy of Medicine, Chairman of East Harlem Health Center, President of New York Tuberculosis and Health Association, Medical Director of Bellevue Hospital.

George F. Canfield, President of State Charities Aid Association.

Bailey B. Burritt, General Director of Association for Improving Condition of the Poor of New York, Treasurer of Judson Health Center.

Lillian D. Wald, Chairman of Executive Committee of Henry Street Settlement, Vice-President of the United Neighborhood Houses of New York.

Linsly R. Williams, M. D., President of New York Tuberculosis and Health Association, Treasurer of National Health Council, Executive Director of National Tuberculosis Association, Director of New York Academy of Medicine and a host of others.

Donald B. Armstrong, M. D., Vice-President of Metropolitan Life Insurance Company. Director and officer of the American Public Health Association, National Health Council, N. Y. Tuberculosis and Health Association, N. Y. C. Cancer Committee, and numerous others.

Louis I. Dublin, Ph.D., statistician and 3rd Vice-President of the Metropolitan Life Insurance Company, officer of the American Public Health Association and interlocking director in numerous social service agencies.

The suspicions which are raised by this data are accentuated by the fact that the Milbank Fund made payments to the New York City Health Department out of which various health officers, including those in control of the regulation and inspection of milk, were paid liberal salaries. This will be

related in detail together with other evidence in the chapter on milk. It is seriously to be questioned whether such subsidy of public officials might not be construed as highly improper in view of the menace which it offers to public interest.

FALSE PROPAGANDA: BELLEVUE-YORKVILLE DEMONSTRATION

By no means reassuring in this connection is a study of the propaganda methods used by the Milbank Memorial Fund and by other social service agencies in deceiving the public and falsely biasing its opinion, such as the humbug of the Bellevue-Yorkville Demonstration.

The Bellevue-Yorkville Demonstration was financed and instituted by the Milbank Fund in collaboration with allied social service agencies and the Department of Health of the City of New York, at the instance of John A. Kingsbury. It was an outgrowth of a rational plan of organization of local district health work in "Health District No. 1" on the lower East Side of New York by Health Commissioner S. S. Goldwater and later extended by his successor Dr. Haven Emerson. Its object was quite sensible:

> ". . . to demonstrate the feasibility of combining the Health Department functions of the district under the direction of a local health officer."

The entry of the Milbank Memorial Fund into the plan to finance and direct the Demonstration signalized the first overt step of Organized Social Service to gain control of public health activities. The pretended objective of the Bellevue-Yorkville Demonstration stated by Kingsbury in the Fund's report was

> "To demonstrate by cooperation with three typical communities embracing a population of half a million people, whether by intensive application of known health measures, the *extent of sickness* in the United States can be *further* and *materially diminished* and the *mortality* rate *further* and *substantially reduced* . . ."

As the emphasized wording of the report indicates, no intelligent person could fail to realize the speciousness of the stated objective. Few persons involved lacked the intelligence to realize that *further improvement* in public health was primarily dependent not on medical care or on public health measures, but on improvement in living standards, in food, clothing and shelter. But they held their tongues in cheeks, their hands in pockets and their own counsel. None of them failed to realize that this move represented the march of the "Milk Trust," which was bent upon driving out competitors by gaining control of the departments of health that supervise the production and distribution of milk in both "milk shed" and city.

DEMONSTRATION "RIGGED"

To avoid jeopardy to the financial plans involved, it was essential that the plan succeed. Success was assured by the district of New York City selected for the "Demonstration."

Bellevue and Yorkville were older sections of New York City that had degenerated largely into slums. During the boom period after the World

War the sections were rapidly abandoned by their inhabitants for more healthful outlying sections of the City. As a consequence the property had become a liability and problem to the financial interests who held it; and a plan was drawn up for reconstruction and conversion from slums to the most expensive and select developments.

No better districts than these could be selected to insure "success" of this Health Demonstration thus rigged. A drop in population would insure a drop in the incidence of sickness and in deaths. This could readily be made to appear to be a drop in the rate of sickness and death by taking a previous census figure for the number of the population. The population of the Bellevue-Yorkville sections dropped tremendously between the 1920 and 1930 census.

The "success" of the Demonstration was still further insured by a total change in the character of much of the populace. The Demonstration started off with a district that had a dense slum populace, which was undernourished or semi-starved, and lived in poverty, filth and squalor in tenements shut off from light and air. During the course of the Demonstration many parts of the Districts were converted by real estate developments into the richest, finest and most exclusive residential sections of the city, with elaborate duplex apartments, yacht landings on the riverfront, sleek, well-nourished inhabitants who pamper their slightest ache with a trip to Florida or to Europe, or a cure.

Such sections as Tudor City, Sutton Place, and East End Avenue have become synonymous with wealth and luxury throughout the world during the period of the Demonstration. They have developed right in the heart of the Bellevue-Yorkville district during the early period of the Demonstration. From a district in which each new infant was an added hardship, it became a district in which an infant was a readily averted accident.

DECEPTIVE REPORT OF "SUCCESS" ISSUED

In 1934 the Bellevue Yorkville Demonstration was terminated amidst a fanfare of publicity acclaiming its "success." There was published a report which was later embodied in a volume entitled *"Health Under The El"** by C. E. A. Winslow, Professor of Public Health of Yale University School of Medicine, and Savel Zimand, Administrative Director of the Bellevue-Yorkville Health Demonstration.

This report is so false and misleading as to be incomparable in all the annals of health. It claims all credit for the reduction in disease and death in the Yorkville-Bellevue district for the Demonstration. It makes no mention of the changes in population, of the extreme change in the character of the residents, of Tudor City, of Sutton Place, or of East End Avenue.

The only clue as to the real nature of the cause of the improvement in health in this section that was permitted to creep into the report or the book was an accidental slip involved in the boast of reduced infant mortality rate published in a table in the chapter on results (p. 193). It reveals the telling tale that the number of children born in this section dropped from about 3900 a year in the 1922-1926 period to about 1800 a year in 1933. The authors

* "Health Under The El" C.E.A.Winslow & Savel Zimand, Harper & Co.

of the report do not blame the Demonstration for the drop in birth rate, however.

This report was so obviously false that any imbecile acquainted with New York City during the period should see through it. In the Medical Week of March 28, 1931, several years before its termination, I had predicted and attacked the anticipated Demonstration report. Its projected purposes were that obvious.

MAYOR LAGUARDIA HAILS "SUCCESS" OF BOGUS DEMONSTRATION

It is hard to believe that New York's Mayor Fiorella H. LaGuardia could be deceived by so obvious a fraud as the Bellevue-Yorkville Demonstration. Nevertheless he wrote a Foreword to the Social Service Racket masterpiece, *"Health Under The El,"* that is more pathetic than humorous in its significance. It reads:

> "Here is the story of a ten-year experiment in neighborhood health promotion in New York City. It deals with only one district. The experience has been the moving factor in our present city-wide health center program. East Harlem and Bellevue-Yorkville both have proved that well-planned health work in district health centers can do much to increase health and to prolong life . . .
>
> "The authors describe notable reductions in the tuberculosis death rate, *and in the infant mortality rate,* and show that in a period of five years the district had a zero diphtheria death record for fifty-two months. They suggest how such things came about when they tell us that thousands of the local people either came to the Center, or were visited by its nurses and staff. They say that nearly 2,000 meetings and lectures were held, that 3,000,000 pamphlets were distributed to the people of the district, that 15,000 children had the benefit of the dental clinic. *They give us many such figures.* They are impressive . . . we must and are translating this experience into a permanent health policy of the City of New York.
>
> "The benefit of the public health measures worked out in Bellevue-Yorkville has not been confined to that district. What was tried out with success in one district is now being extended to the whole city; what was there offered to thousands the City is now offering to millions. The health center has become the basis of our health program. Nine new health centers are now under construction, or just finished. The private, as well as the public health agencies of the community, are being mobilized to fight disease. We will construct at least seven additional health centers. Five of the health centers will be operated in cooperation with the medical college in the City. . . .
>
> "To the Milbank Memorial Fund, which made possible the additional health work done in this district, the people of this City owe a debt of gratitude."

MILBANK FUND GIVEN N. Y. C. HEALTH DEPARTMENT CONTROL

Mayor LaGuardia has given dominant positions in New York City Health Department to former employees of the Milbank Memorial Fund and its allies. These employees of the Fund and of its bogus Bellevue-Yorkville Demonstration have been placed on the pay-roll of the City permanently by twisting or perversion of the Civil Service Laws. For the majority of the new employees of the Health Department, Civil Service protection virtually has been abolished; and they are dependent for their jobs on the Borden Company henchmen.

LaGuardia is deeply indebted politically to the powers behind the Milbank Fund and kindred organizations; and to Organized Social Service and the radical henchmen with whom he has been identified throughout his public career. But even on these grounds his surrender of the domination of the Health Department to the very groups against whom it should protect the public cannot be justified.

Under Mayor LaGuardia's regime the profits of the Milk Trust in New York City have risen to the highest figures in history. LaGuardia has issued to the press vague and feeble protests, that contrast much with his vigor in other directions, against the steadily rising price of milk. But the price of milk in New York City during his regime has risen to the highest ever extorted by the milk distributors. This extortion has been extended even into the poorest homes by the abolition of loosé milk. The deterioration of the quality of the milk has kept pace with its rising price.

So great is the influence over the Health Department of the Borden Company that it maintains exclusive milk sales agencies on the premises of the Department's Baby Health Stations rent-free at the expense of the taxpayers. The useless squandering of the public's money on transferring Milbank Fund and Metropolitan Life Insurance Co. employees to the city payroll, and the maintenance of Health Centers for the prime purpose of providing rent-free offices for agencies of the Social Service Racket have helped materially to increase the tax-rate of New York City to the highest point it has ever reached. It has increased rents, food costs and all items of expense and has intensified poverty, starvation and disease.

Organized Social Service classed the Milbank Memorial Fund as a model foundation until the Kingsbury altercation.

THE ROCKEFELLER FOUNDATION

The Rockefeller Institute, the General Education Board and the Rockefeller Foundation are the most prominent and influential of the American philanthropic foundations and models upon which many of them are patterned. With considerable truth it can be said that they are the product of a steady process of blackmail directed by Organized Social Service against John D. Rockefeller Sr. in the early years of this century.

The process used by Organized Social Service, or welfare workers as they were then termed, constitutes a perfect sample of the operations of that gang and its allies. Rockefeller had built up with tremendous skill the power-

ful monopoly, the Standard Oil Company. In the process there had been used the unsavory methods, ranging from theft to slaughter, which were the custom of the time in business. Those methods did not differ materially from those of the respected Morgans, Vanderbilts, Goulds and a host of others of that time. Rockefeller's chief offense was his inordinate success and his taciturnity and independence.

Rivals who were less successful in the application of the identical methods used by the Standard Oil Company, organized the "liberals" and the "socially minded," the social service cliques of that era, together with the demagogues, politicians, and crooked newspapers, for another type of battle on their successful competitor—commercial blackmail. President Theodore Roosevelt, when he succeeded McKinley, joined in the attack because he was of the opinion that Rockefeller had blocked his nomination for President in favor of McKinley. As a result of these vilifying activities, Rockefeller became probably the most hated man in the country. The campaign of vilification culminated in the Standard Oil dissolution decree of 1911.

No doubt Rockefeller regarded the conduct of his business as entirely legitimate and his own affair. But he thought it wise to appease the popular outcry against him and his organization that had been fostered by his foes with the aid of the Social Service Racket.

To the pressure of the virulent and well organized slander and persecution Rockefeller responded as keenly and incisively as he had to the other problems which had confronted him in business. He saw clearly through the sham and hypocrisy of the welfare crowd and the pious hypocrites who launched their attacks on him, and he appreciated the extent of their rackets. In business, the obvious thing to do with a dangerous rival or enemy is to outwit him and take him over. Rockefeller's obvious remedy was to do the same with the Social Service Racket. This he proceeded to do with his Foundation.

Under the circumstances, it is not surprising that the philanthropies were designed to permit Rockefeller to maintain his business interests and to expand them through their agency when his rivals and enemies had made it impossible for him to conduct them in the open. The Rockefellers retain the management of the institutions which they have founded and control over their holdings. This has made possible the extension of their interests in many directions.

REV. FREDERICK T. GATES, "WONDERFUL BUSINESS MAN"

An interesting and revelatory story is told of the inception of Rockefeller's plan to buy over public opinion and confound his detractors. It was conceived by Rev. Frederick Taylor Gates who had won John's D.'s respect by his sharpness clothed with piety. Rockefeller had profited handsomely from deals engineered by Gates through religious activities as an executive officer of the American Baptist Education Society. Especially appreciated was his aid in gaining control for a pittance of the Mesabi Mines, one of the richest iron deposits in the country. It netted many millions of dollars when later incorporated into the U. S. Steel Corporation. In *"John D. A Portrait In Oil"** John K. Winkler quotes Rockefeller Sr. as follows:

* Vanguard Press, 1929.

"'Fred Gates was a wonderful business man,' says John D. with satisfaction. 'His work for the American Baptist Education Society required him to travel extensively. Once, as he was going south, I asked him to look into an iron mill in which I had an interest. His report was a model of clarity!

"'Then I asked him to make some investigation of other property in the west. I had been told this particular company was rolling in wealth. Mr. Gates' report showed I had been deceived.

"'Now I realized that I had met a commercial genius. I persuaded Mr. Gates to become a man of business.'"

He describes the underlying motive of the philanthropies as follows:

"He would return to his fellow men the wealth he had wrested from them and do it in such a way that even the harshest of critics would be convinced that he had the welfare of humanity in mind.

"Did he really have this welfare in mind?"

Mayhap one can judge with reasonable correctness that if religion helped net Reverend Frederick T. Gates inordinately large profits in his dealings with his fellow men, the manipulation of millions certainly would not fail to do so. The philanthropies established by this "wonderful business man" could be expected to be highly profitable, directly or indirectly. This leads one to wonder if they may not have been more profitable than investments of identical sums in even the Standard Oil Company. There is good reason to believe that this is true.

ROCKEFELLER INSTITUTE

The first of the philanthropic institutions founded by Rockefeller under the advice of Gates, after endowing the University of Chicago, was the Rockefeller Institute for Medical Research. From its halls have been announced many medical discoveries. As will be related later, a very large proportion of these "discoveries" have proved to be false and without basis in fact; but even some of the false discoveries have been subject to intensive commercial exploitation.

To what extent the exploitation of these discoveries redounds to the advantage of the philanthropist is open to conjecture. Discoveries such as the improvement of the method of preparation of tryparsamide, of which mention has been made already, have been patented by the Institute and licensed to manufacturers. Whether the anti-pneumococcus serum processes, many of which were developed in the Institute, are patented or licensed has not been made public. But at least one of the firms which exploits the serum has been identified in the public mind with the Rockefeller interests.

The Institute denies that it receives any royalties on its patents. It does not state whether it, or its sponsor, owns any stocks in the companies involved. It also refuses to make public its stock holdings. This refusal is surprising in view of the full and detailed publication made by the Foundation of all its holdings.

The Rockefellers have large interests in the chemical and pharmaceutical industries. They also have very large holdings in the German Dye Trust and

its American subsidiary, on the directorate of which the Standard Oil of New Jersey was represented by its president, the late Walter Teagle. The Chase National Bank, with which the Rockefellers are closely identified, has floated much Dye Trust securities on the American market; and its attorneys, Milbank, Tweed, Hope and Webb, headed by A. G. Milbank, Chairman of the Board of the Borden Company and the Milbank Memorial Fund, have acted for these interests. The enormous profits that are being made on recently discovered drugs are described in another chapter. Through Chase National the Rockefeller interests share in the profits of the Borden Company and the "Milk Trust."

It is reasonable to suppose that an institution operated with the efficiency and in the spirit of the Rockefeller philanthropies would not be so unbusinesslike as to cast to the winds the large profits which have devolved from some of the Institute's products. Gates undoubtedly was a "business genius" of the rarest foresight and perspicacity.

GENERAL EDUCATION BOARD

In 1902 the General Education Board was established on the advice of Gates. He stated its objects quite clearly in the Board's official publication, the "Occasional Paper No. 1," as follows:

> "In our dreams we have limitless resources and the people yield themselves with perfect docility to our moulding hands. The present educational conventions fade from our minds, and unhampered by tradition, we work our own good will upon a grateful and responsive rural folk. We shall not try to make these people or any of their children into philosophers or men of learning, or of science. We have not to raise up from among them authors, editors, poets or men of letters. We shall not search for embryo great artists, painters, musicians, nor lawyers, doctors, preachers, politicians, statesmen of whom we now have ample supply. The task we set before ourselves is very simple as well as a very beautiful one, to train these people as we find them to a perfectly ideal life just where they are. So we will organize our children into a little community and teach them to do in a perfect way the things their fathers and mothers are doing in an imperfect way, in the homes, in the shop and on the farm."

The degree in which this objective has been attained is illustrated by the unanimity of views between all political parties aired by Assistant Attorney General Thurman Arnold which already has been mentioned. This unanimity is traceable to the influence of the Rockefeller interests on the educational institutions of the country and to the power which their interests exercise in the councils of all major political parties.

OBJECTIVE TOTALITARIAN - A "BENEVOLENT" DICTATORSHIP

The objective was fundamentally propaganda of the type that is now regarded as essential for the establishment of a dictatorship or a totalitarian regime, such as was the goal envisioned by Bismarck a generation prior. In

some respects the goal sought was tantamount to the restoration of feudalism and medievalism.

The school of thought which this objective represents found its fullest expression in Hoffman Nickerson's masterpiece *"The American Rich,"* which anticipated Hitler's regime and advocated a similar form of Government for the United States. He suggested the abolition of universal franchise, restriction of the vote to wealthy property owners, elimination of education because of the spirit of inquiry which it creates so that there may be restored the medieval mind and its submissiveness, and ends with a plea for establishment of a de facto monarchy in the U. S. A.

In this connection it is worthy of note that the Pope recently has authorized the establishment of a university devoted solely to medieval learning, which has recently opened its doors. American Church officials also have advocated recently the reestablishment of the medieval tradesmen's Guilds.

CONTROL OF EDUCATIONAL INSTITUTIONS GAINED

The progress made by the Board was disclosed in an article in the New York *Globe* on March 28, 1919, by Dr. W. S. Spillman, formerly Federal Farm Management Chief, as follows:

> ". . . I was approached by an agent of Mr. Rockefeller with the statement that his object in establishing the General Education Board was to gain control of the educational institutions of the country so that all men employed in them might be 'right.' I was then informed that the Board has been successful with smaller institutions but that the larger institutions had refused to accept the Rockefeller money with strings tied to it. My informant said that Rockefeller was going to add $100,000,000 to the Foundation for the express purpose of forcing his money on the big institutions."

The Board eventually succeeded in gaining control over almost every school, college and university in the country. They found it hard to resist the lure of the jingle of ready cash. They were forced to turn over to the Board power of dictation of their personnel and curriculum. Senator Kenyon, of Iowa, reported this to the U. S. Senate in January 1917.

EDUCATION CONVERTED BY BOARD TO SOCIALIST AND COMMUNIST PROPAGANDA

The Board has saddled on our educational system, in the guise of teachers and professors of the "social sciences," the high priests of class war and revolution, professional agitators and the chanters of the abacadabra of the "social philosophies" a la Bismarck and Marx. It has made them the haven of Socialists, Communists, distributors of wealth and other crack-pot New Dealers. It has helped make the Foundation source of prostituted "professors" and "authorities" for the agents provocateurs (also known as "leaders") of labor. Now these professional propagandists make most of their incomes as front-men, partners, catspaws and agents of labor union racketeers and as "neutral arbitrators" of labor disputes under the Wagner Act.

GAIN CONTROL OF MEDICAL EDUCATION

In the field of medical education, the Board met with early and easy success. It joined forces with the American Medical Association and its rackets. As will be related later, medical education is one of the more lucrative medical commercial rackets which the A. M. A. bosses sought to monopolize by destroying their competitors. Alone they could not manage to put the competing schools out of business. But with the aid of the Board and the founder's power they forced through legislation in all parts of the country that drove their rivals out of business, after public opinion had been prepared by a specially designed report on medical education by Abraham Flexner.

More than half of the medical schools in the country were driven out of existence; and the Rockefeller interests gained a control over medical education and over medical business that eventually enhanced materially the possibilities of profits inherent in the philanthropies. By some odd quirk the quest for profits in medicine has led them to support the cause of "socialization" of medicine. They do not seem to have stopped to consider that the "socialization" of medicine will point the way to the "socialization" of industry and of philanthropies as well. They have saddled on the medical schools Bismarxian or Communist propagandists and agitators in the guise of "professor of the history of medicine."

GENERAL EDUCATION BOARD DIVIDENDS

The direct dividends derived from the activities of the General Education Board were many, including:

Favorable publicity for the founders and advertising of their interests that was worth millions.

The power to influence public opinion and the policies of the Government by propaganda distributed through the schools, colleges and universities.

Control of researches and discoveries and their application and profits.

The power of voting the stock holdings of the institutions which they control and of dictating the expenditure of their funds.

The power of appointment of personnel of the institutions which can be converted to the uses of nepotism and favoritism.

FOUNDATION CHARTERED WITH AID OF SEN. ROBERT F. WAGNER

The Rockefeller Foundation, the last of the philanthropic groups, Congress twice refused to charter to hold one hundred million dollars, on the grounds that it was a device for evasion of payment of taxes, that it was primarily intended for propaganda for seduction of public opinion and influencing politics, and that it would be a menace to the Nation. The Foundation succeeded in securing from New York State in 1913 a charter to hold five hundred million dollars.

The bill chartering the Rockefeller Foundation was introduced into New York State Legislature by a man who has discreetly served the Rockefeller

interests though he has never permitted himself to be too closely identified with them in the public eye—Senator Robert F. Wagner.

WAGNER BILL MAKES ROCKEFELLER CITY FREE-PORT

It was also Senator Wagner who introduced Public Bill No. 296, 72d Congress which made Rockefeller's real estate development Radio City a unique free-port in the country, in 1932. This means that merchants located there can import merchandise and display it for sale without first paying duty.

This implies discrimination against every other port in the country, which is prohibited by the Constitution. It also implies discrimination against other property holders. For it enabled Rockefeller City to lure tenants from other buildings with the inducement that it would require less capital to engage in import business by virtue of its being a free-port. To make matters worse, the ground on which the Center is built is tax exempt (because it is owned by Columbia University) and its rentals were correspondingly lower.

The vacancies resulting from the wholesale exodus of tenants into Radio City from other properties in New York City was equivalent in its effect to "short selling," and sharply depressed the value of real estate in New York City. Interested parties were able to grab up property thus depreciated at bankrupt prices. The tactics employed in this process were the basis of at least one lawsuit against the Rockefeller interests that has come to public attention, brought by August Heckscher. Its disposition has not come to public attention. This sharp and highly profitable business deal has been represented to the public as a philanthropic, depression enterprise by the Rockefeller publicity men.

The Rockefellers have made no open or direct contributions to Senator Wagner's recent campaign funds. Liberal contributions have been made to them, however, by Standard Oil Company officers and attorneys.

INFLUENCE AND ACTIVITIES OF THE FOUNDATION

The Foundation has supplemented the activities of the Institute and the General Education Board and has extended them into as many quarters of the world as go the ramifications of the Standard Oil Company subsidiaries and successors. It combines the functions of a tax-exempt business relations agency and super-diplomatic corps. Through its well-advertised and publicized subsidies it has gained entry into many governmental circles from which the interests which it represents would be excluded.

Through a Director of its International Health Division, Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service, for instance, the Foundation is directly represented in a division of our government that is important for its sponsors. He also interlocks the directorship of the Milbank Memorial Fund and a host of other agencies. A significant name on the directorate of the Foundation is Arthur Hays Sulzberger, the publisher of the New York *Times*.

The creation of the Foundation followed closely on John D. Rockefeller Jr.'s shift in religious attitude toward the "new" or "liberal" theology which pragmatically decried fundamentalism and sectarianism in Protestantism. It

is interesting to note that the fundamentalist ministers such as John Roach Stratton accused him of seeking to standardize education and religion through *German rationalization.*

The Foundation supplanted the activities which had formerly occupied Baptist missions. It is the diplomatic corps that prepares the way for commercial conquests. By elimination of inter-denominational antagonisms attached to missionary work it no doubt proved more efficient. In China the medical missions prepared the way for the conquest by Standard Oil of the kerosene and oil market. They also lent impetus to the creation of modern China. The Bible-selling oil merchant, Soong, was the father of the commercial dynasty which now leads China. Oil is also an important factor in the background of the Chinese-Japanese wars.

FEW REAL MEDICAL DISCOVERIES

A few benefits have accrued to mankind from the activities of the Rockefeller Foundation. These have been surprisingly few in comparison with the large sums expended. Most of them that have had any real value have been sanitation projects that bore some relation to commercial or industrial developments. It is notable that in an era of vast strides in the chemical phases of medicine, no basic discoveries and few significant ones have emanated from the Rockefeller group. Some outside investigators have been subsidized, however, after they made significant discoveries.

A large proportion of the discoveries announced, on the other hand, have proved unfounded. Among them are the following:

The discovery of the organism that causes infantile paralysis.
The discovery of the organism that causes smallpox.
The discovery of the organism causing mumps.
The discovery of the organism causing measles.
The discovery of a curative serum for pneumonia.
The discovery of a preventive vaccine and curative serum for yellow fever, and numerous others.

Tremendous medico-political pressure has been brought to bear to protect the reputations of these supposed discoverers and of the Institute.

MEDICAL RESEARCH AND ETHYL GAS

An instance of commercial advantage of "research" endowment leading to the disregard of human values is the million dollar endowed "research" on ethyl gas and the danger of lead-poisoning that it inflicts on the nation. The U. S. Public Health Service and the U. S. Government had barred the use of ethyl-lead gasoline after a series of poisonings and deaths of workers who made the mixture.

The munificently endowed research led the Government and the U. S. Public Health Service to withdraw its prohibition of this type of gasoline. As a result, the entire nation is now exposed to the danger of chronic lead poisoning by lead-filled, automobile-exhaust gases. In due time the mental and physical health of the people is certain to suffer.

BANAL INFLUENCES ON MEDICAL RESEARCH

The vast funds of the Foundation have been utilized for the purpose of gaining control of educational institutions, hospitals and other medical and research facilities. It has created vested interests and rackets in medical research. Institutional and personal jealousies, intensified by tremendous power acquired by small cliques with the funds of the Foundation, have resulted in the suppression of needed researches by really capable, independent workers. It has barred many of them from the opportunity to engage in research. It has served to enable its employees to reestablish medieval dogmatism in medicine in order to protect their reputations and interests. Their efforts to protect their jobs have served to retard medical advance and to injure the interests of the public. This theme will be developed presently.

ROCKEFELLER PHILANTHROPIES VS. THEIR BUSINESS INTERESTS

A survey of the activities of the Rockefeller institutions in the field of human relations presents a puzzling picture. For they have deliberately fostered the growth and development of Bismarckian, Marxian and other alien and subversive propaganda that appears to be destructive to the interests of its sponsor.

In this respect, the General Education Board has been the most damaging and dangerous. It has used its power over the schools, colleges and universities throughout the country to place on their teaching staffs hosts of advocates of radical isms and with outright propagandists of alien doctrines. It has placed its resources at the disposal of enemies of our country and its government.

Senator Chamberlain of Oregon, in 1917 foresaw and sounded a warning of this danger in the U. S. Senate. He stated:

> "The Carnegie-Rockefeller influence is bad. In two generations they can change the minds of the people to make them conform to the cult of Rockefeller or to the cult of Carnegie, rather than to the fundamental principles of American democracy."

WHY THE CHANGE OF APPARENT OBJECTIVES?

When the activities of the Board are considered in the light of the authoritarian objectives stated by Gates in the "Occasional Paper No. 1" there arises the question of why its apparent objective has been changed so radically. Have the Rockefellers fostered the Board's radical propaganda activities, and if so why? Have they been forced to accept such a policy by powers greater than their own? Is it a matter of opportunism? Or does it represent a deep-laid and cunning plan to prepare the way for an oligarchic dictatorship by letting the radical doctrines reduce themselves to absurdity and bankrupt the nation?

A number of incidents cast some light on the answer. It already has been noted that about 1910 John D. Jr. was accused by Fundamentalist ministers of falling under German influence in his educational and religious views. Already the propaganda for Bismarck's "New Deal" and the "liberal" Marx-

ian doctrines had begun to gain a firm hold in our educational and political systems. President Theodore Roosevelt had helped to popularize them.

ROCKEFELLER AND LABOR

The impetus which this propaganda gave the labor movement was powerful. The Colorado Fuel and Iron Company strike of 1913 following shortly after the Standard Oil dissolution decree and the Pujo investigation was ominous. It threatened to wipe out all that had been accomplished in years of effort to appease public opinion. Opportunism bade bowing down before organized labor; and this is the course that Ivy Ledbetter Lee, "public relations counsel," not too wisely suggested. John D. Jr. took up the cry "Human rights above dividends," boosting the stock of labor racketeers. And he established in the Rockefeller companies arbitration committees which were called "Republics of Labor."

The Rockefeller interests were thus placed emphatically on the defensive, a position which they never relished. Their tactics have always been to espouse and make their own a conquering cause. One might expect them to buy over and subsidize liberally the leaders of labor, enter into partnership, and convert the labor movement to their own uses.

Labor combines can be quite as effective as industrial in establishing monopolies; and they have had the advantage of being regarded as within the law. Their legality has been questioned for the first time by Assistant Attorney General Thurman Arnold, in recent labor union indictments.

It is notable that the Rockefeller interests have been little annoyed by even the most radical labor movements in recent years. Even the rabid C. I. O. has made no *serious* attempt to organize or molest Standard Oil interests. Can it be that this explains in part its prosperity and its immense political influence? At any rate the Rockefeller courtship of the radical labor movement assumed amusing form in the publicity of a year ago, when John D. Jr. broke bread and posed for news-photos with David Dubinsky of C. I. O. fame.

On April 15, 1940, Mayor LaGuardia announced that he planned to appoint David Rockefeller his Secretary. This marks the emergence of the Rockefeller clan into the open as masters of the political situation in Republican, Democratic, "New Deal, Communazi and other groups holding power or bidding for it. The presidential candidates for whom the nation will vote at the next election will be their choice.

ROCKEFELLER AND SOCIAL SERVICE

The Rockefeller Foundation liberally supported Organized Social Service, especially the organizations that have been devoted to the exploitation of disease under the guiding genius of Harry L. Hopkins. For a period of more than a decade John D. Jr. might have been termed the "angel" of Harry L. Hopkins. This implies that the Rockefellers have sponsored the political machine financed with funds gathered for social service activities which eventually gave us the "New Deal." The Rockefeller interests are well represented on the directorate of most of the more important social science agencies.

It has been related that our German-born Senator Robert F. Wagner, whose name is synonymous with all the specious doctrines and the most destructive measures of the "New Deal," has been identified with the Rockefeller interests and originally secured the New York State charter for the Foundation. Harry L. Hopkins also acknowledged his debt to the Rockefellers, when he was appointed Secretary of Commerce, by offering the post of Assistant Secretary to Nelson Rockefeller. This was reported by Walter Winchell, who later announced that the Rockefeller publicity staff had vetoed Nelson Rockefeller's acceptance of the post. The reason may be discerned in the quiet but persistent propaganda conducted by the Rockefeller publicity men in the press, especially in the Rockefeller controlled or dominated papers such as the Hearst publications and in the New York *Times,* to pose John D. Rockefeller Jr. as a business-men's candidate for the job of President of the United States. It is noteworthy that the "New Deal" has dealt most kindly with the Rockefeller interests.

POSSIBLE EXPLANATION

This situation disposes of one possible explanation of the support which the Foundation has given to the stupid, rabble-rousing activities of the "distributors of wealth," to the "class war" and the other styles of demagogues that filled the ranks of the Social Service Racket. It makes scarcely tenable the view that the organizations fostered by the Rockefeller and allied interests, and controlled by them, have grown out of hand and have bitten the hand that fed them.

It raises the question whether absurd and dangerous doctrines have been promulgated and incorporated into the law for the deliberate purpose of creating chaos for sinister ulterior motives. Such a motive might explain why the resources of the General Education Board and of the Foundation have not been used to promulgate and to influence the adoption of a more rational concept of economic and social structure.

With the aid of the machinery of the Foundation it would not take much effort to teach the Nation that the menace to its security does not lie in accumulations of wealth, however large they may be; that on the contrary such accumulations constitute a factor of safety for the Nation as well as for the individual. The real menace lies in the stupidly conceived and irrational monetary system which so limits the amount of money in circulation that accumulation of reserves by the Nation and by individuals results in paralysis of exchange; and bars the setting up of reserves of essential commodities, the raw materials of the necessities of life.

FALLACIES OF ECONOMICS AND "SOCIAL SCIENCES"

Little more than a century ago the distinguished economist Malthus enunciated, on the basis of a tremendous amount of statistical research, what was named the "Law of Malthus." The "Law" states that population increases by geometric progression and must outstrip the production of food, which it says increases only by arithmetic progression.

From this economic "Law," Malthus deduced the idea that the world would become over-populated and consequently reduced to starvation. Instead

we are now ploughing under crops in order to prevent destruction of their value by supposed over-production. Man's ingenuity in improving production and in creating machinery of production was disregarded by Malthus. And they proved his "Law" an absurd fallacy.

An equally fallacious economic "law," that of supply and demand and marginal utility (a euphuism for speculation, which is the real determining factor) bars us from remedying the reverse condition of that predicted by Malthus—an apparent over-production of food for our present-day populace. If one were to resort to the practice of framing fallacious thinking into "laws," the modern version of them would read as follows:

> "The population and commodity production of the world grow to exceed the dimensions of its monetary system. For survival of that monetary system population and commodities must be destroyed."

THE ALTERNATIVES

In final analysis the economy of the world requires one of two choices: Either the population and material wealth of the world must be destroyed to the point of bringing it within the scope of our present monetary system by a process of war and starvation, in conformity with the above-stated modernization of the "law of Malthus;" or the currency and medium of exchange must be rationally based and soundly expanded to match expansion of population and real wealth.

It is the first plan that rules throughout the world at the present time—identically in Russia as in the United States. It is taught dogmatically and without question in all our schools and universities, whether conservative or radical. Karl Marx in his "Socialism" has justified its application to fixing the value of human beings and their labor. It is the mainspring of the so-called "New Deal" and is the fundamental premise of all social service philosophy and thought.

DELIBERATE PURPOSE OR SHEER INSANITY?

It is barely conceivable that there has been a deliberate fostering of these fallacious views in the class-room, in our land and in the rest of the world, for the insane purpose of precipitating a smashup of the world's economy that will result in absolute concentration of all the wealth and power of the world in a single hand.

The insanity of such an objective is obvious to anyone who stops to think or to consider history. Stability or security, which, in final analysis, all men seek in the brief span of life, can never exist in the presence of a system that breeds starvation and violence. In such a system the master is as likely to succumb to the forces which he has set loose as are the mastered.

JOHN D. JR'S., SOUNDER VIEWS SUPPRESSED BY HIS PHILANTHROPIES

There was far greater wisdom to John D. Jr.'s Sunday School homilies which taught that wealth is not essentially evil but a blessing. They did not point out that it is the stupid economic organization to which society clings that converts that blessing into the semblance of a curse.

The General Education Fund has suppressed such views as those of the son of its founder. It has done much to crush the originality of thought that might have enunciated and popularized such rational ideas. Instead the Rockefeller philanthropies have dogmatized the teachings of institutions of learning. They have thereby destroyed creative philosophy which might have helped avert the disaster which is overtaking the world. And they have fostered destructive Bismarxian propaganda.

POSSIBLE MENACE OF THEIR PHILANTHROPIES TO ROCKEFELLERS

The present set-up of the Rockefeller philanthropies may have served to increase the repute and possibly the wealth of its founders. But their subversion of education to the purposes of propaganda and lobbying has weaned the public away from independent thought and made it ever more mob-minded. In that mood it is prepared to follow any demagogue. Therein lies the principal menace of the conduct of the Rockefeller philanthropies and others to their founders and to the world.

TWENTIETH CENTURY FUND, INC.

A sample of the foundation established primarily and almost solely for the purpose of aggrandizing and publicizing its founder is the Twentieth Century Fund. Established by the late E. A. Filene, it served to keep that gentleman in the limelight, with the aid of allies including the usual group of social service racketeers and Communist and other subversive propagandists who were subsidized by the founder. For the purpose of insuring publicity the Twentieth Century Fund has conducted "surveys of social problems."

These surveys have been thinly masked Communist propaganda. Comprising radical clap-trap given the semblance of pseudo-science, the investigators' reports usually were "doctored" to comply with the views of Mr. Filene who fancied himself as an economist and thinker. It enabled him to make a splurge in the press and to exert some influence in directing the course of the economic smash-up which we are experiencing.

The director of the Foundation is Evans Clark, the husband of Freda Kirchwey who is an editor of the left wing propaganda sheet, the *Nation*.

THE JULIUS ROSENWALD FUND

The Julius Rosenwald Fund illustrates the type of foundation established and managed frankly for commercial purposes and propaganda. It has engaged principally in "social service" among the negro elements of this country. General L. Wood who is president of Rosenwald's Sears Roebuck Company had foreseen the greatest possibility of expansion of the company's business among the negroes of the south, and influenced the director of the philanthropy with this in mind.

The lofty purposes stated in the literature of the Foundation are "to advance public and individual health and to further sociologic progress in the community." It could serve its donor's purpose in some measure if it used

the money to provide food, clothing and shelter to unfortunate elements in the community in order to conserve their health; or to pay the medical profession for services in restoring health. But most of the Rosenwald funds are used by its administration of social service workers to pay themselves fat salaries for propaganda for "Socialized Medicine" that will compel the taxpayers to pay for the medical care, or for Compulsory Health Insurance, that will force the needy to pay for their own care by deductions from their wages.

"DOCTOR" MICHAEL DAVIS AGITATES "SOCIALIZED MEDICINE"

At the head of the medical activities is a layman, Michael M. Davis, Ph.D. who, like many others of the medical social service workers such as C. E. A. Winslow and Jacob Goldberger, is often erroneously represented as a physician in the press and to the public without any protest on his part. He is one of Harry L. Hopkins' New York Tuberculosis and Health Association group. His special interest has been the establishment of pay clinics that lure patients away from doctor's offices on the pretense of low cost medical care and charge them extortionately for inferior services. He comes from a family that has profitably engaged in the construction of hospitals and clinics.

Mr. Michael Davis was quite vociferous in his agitation for a Jim Crow clinic and hospital for negroes in New York City. He has been a bit less obtrusive since he was rebuffed by the Harlem negroes.

Mr. Davis has evolved some elaborate plans for his pet programs, Socialized Medicine and Compulsory Health Insurance, all patterned on the program of Bismarck. They envision important posts and commensurate salaries for himself and his associates. He is widely quoted as an authority on medical care by such equally authoritative fellow-travelers as Waldemar Kaempffert of the New York *Times*. He was an important *mem*ber of the Milbank Fund-Metropolitan Life Insurance financed Committee for the Study of the High Cost of Medical Care. He at that time resented and refused to cooperate in the development and launching of a plan for low cost medical care at fixed annual fees originated by me and advocated by a group of New York physicians, which he and the Committee later made the basis of their modification of the preconceived report of their investigation. It provided no permanent salaries or jobs for social service workers.

Some of the Rosenwald funds have been spent in the South. The earnings of Sears Roebuck and Company recently have shown material improvement, especially in the South.

GEORGIA WARM SPRINGS FOUNDATION

According to Ernest K. Lindley, in his "Franklin D. Roosevelt, A Career in Progressive Democracy," Georgia Warm Springs Foundation was incorporated in the State of New York to be given title to the Warm Springs property obtained from George Foster Peabody. This was in January, 1927. Lindley does not relate the accurate data contained in the following letter, which has entirely escaped public notice:

STATE OF DELAWARE
OFFICE OF SECRETARY OF STATE

Dover, Del.
March 6, 1936

Walter Dent Smith
Secretary of State

Dr. Emanuel M. Josephson
108 East 81st Street
New York City

"Dear Sir:

"Replying to your communication of February 1, kindly be advised the Georgia Warm Springs Foundation, Inc., incorporated under the laws of this State June 29, 1926, changed its name to Meriwether Reserve, Inc. by Amendment filed in this Department August 1, 1927.

The annual report filed for the year 1934 shows office at 120 Broadway, New York City, together with the following named officers and directors:

President, Hon. Franklin D. Roosevelt, The White House, Washington, D. C.

Vice-President and Assistant Secretary, Raymond H. Taylor, 120 Broadway, New York City.

Secretary-Treasurer, Basil O'Connor, 120 Broadway, New York City.

Assistant Treasurer, Arthur Carpenter, Warm Springs, Ga.

Directors, Hon. Franklin D. Roosevelt, Basil O'Connor, Raymond H. Taylor.

"Delaware corporations are not required to file a list of stockholders in this Department; therefore, we regret to be unable to furnish you with same."

"Yours truly,

"(Signed) Walter Dent Smith,
Secretary of State."

MERIWETHER RESERVE INC. (DEL.), OWNS GEORGIA WARM SPRINGS

The existence of a variety of holding company, obscure and hidden from public gaze, in the President's widely publicized philanthropy, strikes one with justifiable surprise. For President Roosevelt has been fighting holding corporations of this type with the utmost venom and vigor. If Georgia Warm Springs is a private commercial activity of the President, one would expect his own pronouncements in the case of Mayor James Walker to impel him to take the public into the secret, rather than to hide it in an obscure Delaware corporation. The generous gifts of the nation, amounting to millions of dollars in the past several years, should compel a frank publication of the accounts of this "holding company." But an inquiry directed to the Treasurer of the Foundation, Basil O'Connor, law partner of the President, elicited the following reply:

GEORGIA WARM SPRINGS FOUNDATION, INC.
120 Broadway
New York

President
Hon. Franklin D. Roosevelt
Treasurer
Basil O'Connor

July 1st, 1935

Dear Sir:

No annual reports have been issued by Georgia Warm Springs Foundation, Inc.

MERIWETHER RESERVE, INC., (DELAWARE) HOLDS TITLE TO THE PROPERTY.

Very truly, yours,
(Signed) Basil O'Connor
Treasurer

INITIAL CAPITAL SUBSCRIBED BY THE GOVERNOR "AND A GROUP OF FRIENDS"

Further details of the nature and formation of Georgia Warm Springs are given with greater accuracy, perhaps, than the matter of ownership, in the Lindley biography which was issued for campaign purposes. He states that after the title of the property, received from George Foster Peabody, had been turned over to the Georgia Warm Springs Foundation, Inc. of New York (sic) in January, 1927, one-half million dollars was expended on it. The source of the money has been kept something of a mystery. The literature of the Foundation states, vaguely,

> "The funds required by the initial capital investments were subscribed by the Governor and a group of friends."

This occurred about the time of the "drafting" of Roosevelt for the Democratic nomination for New York State Governor, which he thrice rejected with true Caesarian gesture but finally demurely accepted. He interposed among his "objections" to being candidate, Lindley relates, the demands of his *Georgia Warm Springs business.* Raskob is reported to have retorted,

> "Damn Georgia Warm Springs; we'll take care of it."

THE BOYS "TAKE CARE OF" GEORGIA WARM SPRINGS

Undeniably this enterprise was well taken care of; by the end of 1930 some seven hundred thousand dollars had been poured into the coffers of the Foundation. It is reported that Raskob contributed a quarter of a million dollars with a proviso regarding future political activities. A board of Trustees was set up which read much like the board of directors of the enterprises identified with the Morgan, Rockefeller, Chase National and National City Bank groups. They were William H. Woodin, Eugene S. Wilson, Leighton McCarthy, Frank C. Root, George Foster Peabody, James A. Moffett, and last, but not least, that great philanthropist, Jeremiah Milbank. Though it has been revealed that some of the Trustees contributed to that fund, it has not been revealed how much each contributed. By some

State of Delaware

WALTER DENT SMITH
SECRETARY OF STATE

Office of Secretary of State

DOVER, DEL.

March 6, 1936

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President	Hon. Franklin D. Roosevelt	The White House Washington, D. C.
Vice-Pres.) Asst. Secy)	Raymond H. Taylor	120 Broadway, N.Y.
Secretary) Treasurer)	Basil O'Connor	"
Asst. Treas.	Arthur Carpenter	Warm Springs, Ga.
Directors	Hon. Franklin D. Roosevelt Basil O'Connor Raymond H. Taylor	

Delaware corporations are not required to file a list of stockholders in this Department; therefore, we regret to be unable to furnish you with same.

Yours truly,

Walter Dent Smith

Secretary of State

SW

THE STORY OF MERIWETHER RESERVE, INC. (DELAWARE)

Mr. Walter Dent Smith, Secretary of State of Delaware, gives facts regarding Meriwether Reserve, Inc. listed with his office. The "representative citizens", later classed as "malefactors of great wealth", whose names are found on the board of Georgia Warm Springs Foundation, Inc. and who contributed heavily to its support, are strangely missing in Meriwether Reserve, Inc.

curious chance, these Trustees are not to be found on the Board of the Meriwether Reserve, Inc., which held the property and the funds without any accounting.

MILK FUNDS FLOW INTO WARM SPRINGS

In 1931 and 1932, with the approval and aid of Governor Franklin D. Roosevelt, momentous changes took place in the milk industry of New York State.

> Loose milk had been abolished in New York City, one of the greatest markets in the world, chiefly dominated by the large milk distributing agencies. The result was that, in the midst of the depression, poverty and starvation, the price of milk to the poor was more than doubled. The income of the milk companies was proportionately raised. The most annoying of the competitors of the large milk distributors were driven to the wall.
>
> With Governor Roosevelt's collaboration and aid, a Milk Commission was appointed. It fixed the price of milk to the public at the high level of bottled milk and barred a competitive reduction in milk prices to the consumer. There was also set a minimum price of milk to the producer which would supposedly increase considerably the farmers' incomes. But in 1934, Congress stated in concurrent Resolution 32 that there had become established a monopoly in the distribution of milk
>
> > ". . . resulting in severe hardship and suffering to milk producers throughout the United States . . ."
>
> The changes made in 1931 and 1932 were ostensibly brought about to improve the status of the farmer and dairyman. Instead, they were so tremendously profitable and advantageous to the large milk distributing companies that within two years thereafter Congress demanded an investigation of the monopoly of milk that was ruining the farmer and plundering the public. Even Roosevelt's Secretary of Agriculture, Wallace, was moved in his 1934 report to condemn the "Milk Trust."

By curious coincidence, in the self-same year which witnessed the momentous changes in the milk industry which were highly advantageous to what Secretary Wallace termed the "Milk Trust" Governor Roosevelt's Warm Springs Foundation, received an additional grant of $5,000 from the Milbank Memorial Fund, the income of which is derived from the stock of one of the components of the "Milk Trust," the Borden Company. One wonders whether the wealthy gentlemen who constituted the Board of the Georgia Warm Springs Foundation and who contributed to its support were meant when there went forth later the cries of "money lenders" and "malefactors of great wealth."

DOHERTY ORGANIZES "BIRTHDAY BALLS." INSULL—

To collect funds for this "philanthropy" of President Roosevelt's there were organized the President's Birthday Balls. The organizer was H. L. Doherty, the notorious utility magnate of Cities Service fame. It is noteworthy that he escaped the fate of Insull and other members of the clan. Doherty's pub-

GEORGIA WARM SPRINGS FOUNDATION, INC.

120 BROADWAY

NEW YORK

PRESIDENT
FRANKLIN D. ROOSEVELT
TREASURER
BASIL O'CONNOR

July 1st, 1935.

Dear Sir:

No annual reports have been issued by Georgia Warm Springs Foundation, Inc.

Meriwether Reserve, Inc., (Delaware) holds title to the property.

Very truly yours,

Basil O'Connor

Treasurer.

MERIWETHER RESERVE, INC. (DELAWARE) HOLDS TITLE TO GEORGIA WARM SPRINGS FOUNDATION, INC. (N. Y.)

is letter from the treasurer of the Foundation, Mr. Basil O'Connor, President Roosevelt's law partner, ves no doubt as to the ownership of Georgia Warm Springs.

licity man, Carl Byoir, handled the Birthday Ball campaign. About fourteen per cent of the money contributed by the public was turned over to the Foundation. The President's Birthday Balls have netted many millions of dollars.

FEW CHARITY CASES ADMITTED

For years past, physicians throughout the nation have been bombarding the Foundation with applications to secure free admission of poor victims of infantile paralysis to Georgia Warm Springs. Though millions of dollars have been contributed by the nation for this purpose, applications for free services have been made without success, except in rare cases. In the years 1933 to 1935, the physicians were flatly told by the Foundation that it did not welcome charity patients, except under very special circumstances.

Such special circumstances appear to have been primarily publicity value. A paralyzed newspaperman sponsored by a very powerful newspaper chain closely identified at the time with the President was one such case accepted gratis. Poor patients for whom communities gathered funds and paid the charges were accepted. To be sure, amid clicking cameras and nation-wide publicity, Mrs. Eleanor Roosevelt, with great ostentation, turned over to a poor victim of the disease the thousand dollar prize awarded her by Gimbel & Company *for the specific purpose that it be spent at Georgia Warm Springs.*

BASIC WEEKLY RATE FORTY-FIVE DOLLARS

Where favorable publicity was not involved, however, the physician was informed that the basic rate for stay at Warm Springs was about forty-five dollars a week, with various charges for extras. This charge is made in a section of the country where the cost of living is so low that the average Relief allowance a week for a family of six was two to three dollars. If the physician made so bold as to inquire what was being done with the millions gathered for the treatment of poor folks at the Springs, he was belatedly informed that in very special cases the basic charge would be reduced fifty percent.

ELECTION CHANGES TACTICS

With election in sight, and with an eye to an under-current of unfavorable comment on the activities of the Foundation and due to quiet but persistent investigation by interested parties, the tactics of the Foundation were changed. After the "Birthday Balls," a semblance of an accounting was made in the press. It related that part of the fund gathered from the parties was left with the local committees to pay expenses and to provide for local infantile paralysis work; and that a small fraction of the sum turned over to the President's Foundation had been paid out to specific institutions and investigators for research work on the disease.

A written request was made by me to the Foundation in April, 1936, asking that two poor patients, who could manage to raise only enough money to pay their train fares to the Springs, be admitted for treatment of paralysis. It elicited the following reply:

The Georgia Warm Springs Foundation
50 East 42nd Street
New York City

Franklin D. Roosevelt, President Keith Morgan, Vice-President
Basil O'Connor, Treasurer

April 29, 1936

Emanuel M. Josephson, M. D.
108 East 81st Street
New York, N. Y.

My dear Dr. Josephson:

Your letter of April 28th has been received during the absence of Doctor LeRoy W. Hubbard, who is Director of Extension. Immediately upon his return, in about ten days, it shall be brought to his attention."

Very truly yours,
(Signed) Katherine Woods

CHILD CHARITY CASE CHARILY REJECTED

On the specified date Dr. Hubbard communicated with me by telephone and explained that the capacity of Warm Springs is limited, and that only a few charity patients are taken. He offered the suggestion that the Springs therapy is not recommended for all victims of the disease. After inquiring the age of the patients, he definitely eliminated the school child, because he said the Springs were not advisable for younger children unless accompanied by nurse and governess.

He suggested that they might consider the admission of the adolescent victim, provided that after an examination by himself he felt that the patient might be benefited by the Springs. There was a change of tone and attitude as compared with previous communications; straightforward rejection of the charity patient was replaced by qualified evasion, which offers less startling contrast with the objects for which the public have been led to contribute to the institution.

DEADLY "RESEARCHES"

The research financed by the small fraction of funds out of the millions contributed by the nation to "Birthday Balls" has resulted in the death of six children. But we shall see in later chapters that this is not an infrequent consequence of medical regimentation by the Social Service Racket and by Organized Medicine.

I ASK QUESTIONS IN ROLE OF S.E.C. BUT ELICIT NO ANSWERS

My curiosity in the matter was aroused by my experience and information. I addressed the following letter to President Roosevelt:

May 27, 1936.

Hon. Franklin D. Roosevelt, President
Meriwether Reserve, Inc.,
White House,
Washington, D. C.

Dear Sir:

In the course of a study of various types of social service and philanthropic organizations, and of their financial structure, for a volume which I am writing on the subject, I have come across the data relating to Georgia Warm Springs Foundation of New York and the Meriwether Reserve Inc. of Delaware, concerning which I ask your help and explanation.

In reply to an inquiry, Mr. Basil O'Connor, Treasurer of the Foundation, has informed me that the Foundation has issued no financial reports, and that its property is held by the Meriwether Reserve Inc. of Delaware, a business corporation.

The Secretary of State of Delaware informs me, on the other hand, that the Meriwether Reserve Inc. files no financial reports or list of stockholders.

1. Where may I secure financial statements, lists of contributions, and stockholders' lists of the Meriwether Reserve, Inc. for the years since 1926, when it was organized as the Georgia Warm Springs Inc., Delaware, until the end of the last fiscal year?
2. What is the exact relation between the Meriwether Reserve Inc. and Georgia Warm Springs Foundation of New York, and what is the objective and function of the two different organizations incorporated in different states?
3. As a business organization so incorporated, does the Meriwether Reserve Inc. pay dividends on its stock?
4. If so, what have the dividend rates been since the date of organization?
5. In what manner does this dual structure affect the handling of charitable cases, and what percentage of the cases are free and charitable, part pay, and full pay?

I would highly appreciate an early reply to these questions, for the survey must go to press in the near future.

Very truly yours,
(Signed) Emanuel M. Josephson

This letter elicited several telephone inquiries from agents of the Meriwether Reserve Inc. about the source of my information. The inquiring agent assured me that I would receive a prompt reply. No reply has ever been received before or since the publication of the study.

INSTEAD REORGANIZATION FOLLOWED

Before the Birthday Balls of January 1938, there was announced a "reorganization of the philanthropy." There was formed a new foundation, the National Foundation for Infantile Paralysis. The public was high-pressured by such a foundation propagandist as the avowed left-winger, Paul de Kruif, into contributing to this new Foundation. Keith Morgan, vice-president of the Foundation, took over the publicity and management of the campaign, and

even larger sums of money were lured from the public. Dr. Joseph S. Wall, professor of diseases of children of Georgetown University Medical School, stated before the Subcommittee on Public Health, Hospitals and Charities of D. C. on January 7, 1938, that the money for the Foundation derived from the Birthday Balls would be devoted to animal research. "Not one penny of that fund will go to buying a crutch for a crippled child. The majority of the dollars in that fund will go for the purchase of monkeys," he testified.

A MOTHER SEEKS HELP FOR HER PARALYZED CHILD

About one month after the January 1938 Birthday Balls of the reorganized Foundation, a naive, pathetic letter by Mrs. Martha Hickok appeared in the Miami Daily *News*. She related the experience of her mother in her persistent attempts for six years to gain free admission of her child, a victim of infantile paralysis, to Georgia Warm Springs.

The application was repeatedly rejected by the "board of advisers" though Dr. Hoke considerately assured the mother that the child's dependence on crutches could be eliminated in two years at the Foundation. He offered as an explanation for the child's rejection the information that the Foundation limited its charity cases to a ratio of ten charity cases for every ninety full pay cases, the writer stated.

Mrs. Hickok related that not even the intercession of her postmaster or of Postmaster General Farley helped. She stated that she had a large collection of correspondence from the Foundation extending over a period of six years which showed she believed, that unless one had loads of money Georgia Warm Springs is just a crippled child's dream of paradise. She stated that her motive in writing was to correct the false impression that the Warm Springs Foundation is open and available to any infantile paralysis sufferer who admittedly might be helped.

I requested Mrs. Hickok's permission to use her letter; but she refused. Evidently the publicity which she gave her sister's case has brought some results. Maybe she has been belatedly "adopted" by Mrs. Eleanor Roosevelt?

NATIONAL FOUNDATION FOR INFANTILE PARALYSIS

A million or more dollars was raised by the 1938 Birthday Ball and by subscriptions for the National Foundation for Infantile Paralysis. The active principals of that Foundation nevertheless participated in introducing legislation at Albany in March 1938 which provided free medical care by the State or City of New York for the victims of infantile paralysis.

Accounts of some of the money collected for the Foundation were published in December 1939. But they were very loose and failed to account for much of the money that has been taken in. They showed, however, that at least some of the money collected for the relief of infantile paralysis victims may be used for that purpose.

Other aspects of President Roosevelt's interests in infantile paralysis and his sympathy for its victims will be related in another chapter.

CHAPTER VI.

THE TRUTH ABOUT MILK

THE "MILK TRUST" AND THE SOCIAL SERVICE RACKET

MILK is Nature's food for the new-born. Its high dilution and its weakness adapt it to the delicate and undeveloped digestive system of the young infant. For adults, it is both uneconomical and inefficient as a food because of its dilution, and is not an essential element of diet. Loss of weight on milk reduction diets attests to the inadequacy of milk as a diet for adults.

Indeed, milk is not even an adequate food for infants. Infants fed on milk alone almost invariably develop rickets, scurvy and tetany. For though milk has a good calcium content, it contains little or no vitamin C even when absolutely fresh; and without the vitamin the lime is not assimilated by the intestines. Because of this and other deficiencies of milk, infants are given orange and tomato juice, cod liver oil, vegetables and other foods at the age of one or two months, or as soon as they can tolerate them. This procedure has done much to make our children healthier and stronger. It is apparent from the brief period of lactation of mothers that Nature did not intend milk as a diet beyond infancy.

Man is the only mammal that habitually consumes milk after the stage of infancy during which the mother lactates. In Japan male children are nursed at the breast during childhood and sometimes to the age of nine years. The physique of the Japanese fails to reflect any advantage in prolonged nursing and milk feeding.

MILK IS NOT ESSENTIAL IN DIET AFTER INFANCY

Much that has been said and written about milk is untrue. Thus milk is not the unique protector of the development of bone nor does it invariably prevent decay of teeth, as has been stated in false propaganda and advertising. In fact, Dr. E. V. McCollum, Johns Hopkins professor and highly paid consultant on nutrition to the National Dairy Products Company, has pointed out that the inhabitants of Southern Asia have no herds and do not drink milk. They subsist on rice, soy beans, sweet potatoes, bamboo sprouts and other vegetables. They contrast sharply and favorably with milk-drinking folks and, according to the doctor, for their development, physique and endurance they are exceptional, their capacity for work is extraordinary, they escape skeletal defects in childhood, and have the finest teeth of any race in the world—with no milk. These facts were stressed in his book *"The Newer Knowledge Of Nutrition,"* in the earlier editions, before he became consultant to National Dairy.

Dr. Rabinowitz, Director of the Metabolism Department of the Montreal General Hospital, points out that milk is totally absent from the adult diets of many virile nations, and cannot be regarded as a necessary item in the adult

diet. He also points out that milk is not a good diet even for children. He wrote in The New England Medical Journal of September 13, 1934:

> "Now milk is not a natural beverage of the human being, or of any other mammal, after the period of infancy . . . Some children, after drinking the milk and orange juice which are their required (by the fashion in pediatrics) quota for breakfast, have little appetite or room left for the bacon, bread, cereal, egg and fruit which should be the chief staples of their meals."

"A QUART OF MILK A DAY" IS POOR MEDICAL ADVICE

Numerous conscientious physicians and specialists on diseases of children fully agree with the doctor. Thus Dr. Eugene Rosamond of Memphis, Tennessee, writes in an article entitled "Further Observation on the Evil of Too Much Milk" published in The Southern Medical Journal of January 1935:

> "Nearly seven percent of all ailing children who go to the physician are sick because their mothers are forcing them to take more milk than they need . . .
>
> "The typical symptoms of too much milk are about as follows: the child is pale from anemia, constipated, cross and irritable and will not eat.
>
> "The slogan 'a quart a milk a day for every child' is good commercial propaganda. It is poor medical advice."

Likewise, Dr. Hendee Smith, professor of pediatrics of the New York University Medical School has stated

> "A quart of milk for a child every day is *mighty poor pediatrics.*"

CHEMICAL DANGERS OF MILK FOR ADULTS

Man may pay a severe penalty for the drinking of milk. Milk contains a high content of the chemical cholesterol. Many research workers, including Dr. Timothy Leary, have traced the origin of hardening of the arteries (arterio-sclerosis) and one of the most deadly diseases of the heart (coronary sclerosis) to an excess of cholesterol. He points out that man is the only animal who dies early in life from coronary sclerosis and who almost universally acquires arterio-sclerosis in later life; and he is the only animal who continues to drink milk throughout life.

Because of its cholesterol and hormone content, milk may also play a role in the causation of cancer. Statistical studies indicate that cancer occurs with higher frequency among peoples who are steady and habitual milk drinkers. Cholesterol is closely related chemically to substances which are known to be the most potent chemicals for causing development of cancer.

DISEASE AND DEATH MAY LURK IN THE MILK BOTTLE

Those qualities which make milk an ideal food for infants also make it an ideal food for germs of all varieties—both the harmless and those which cause dangerous disease and death.

Milk is potentially the most dangerous of all foods. This does not imply that in every glass of milk there lurks danger or death. But it does mean that

one cannot be sure that these risks are not present. *Milk is probably the food most frequently responsible for disease and death.* So many are the risks and possibilities of danger in milk that some of our leading medical authorities who are courageous and independent of the control of medical organization, of milk companies, and of "educational foundations," absolutely prohibit the use of any form of loose or pasteurized milk for their infant patients. Dr. W. McKim Marriott, when professor of children's diseases at the George Washington University, was in the habit of feeding even infants with evaporated and condensed milk, which are sterilized before canning and are therefore safe from the dangers of infection.

PASTEURIZATION IS NOT ABSOLUTE PROTECTION

Contrary to propaganda and popular belief, pasteurization does not make milk sterile or serve to effectively protect against these dangerous infections. On the contrary, pasteurization may sometimes increase the danger. Boiling, however, does sterilize milk and may make even polluted milk safe.

The false popular belief that pasteurization makes milk absolutely safe has been fostered by intensive, high-priced propaganda participated in by both the milk distributing companies and by some States, such as New York State. This propaganda is a deliberate fraud upon the people in which both the medical and social service rackets play important roles.

Indeed, the protection of the interests of the milk distributor is the prime reason for existence of some of these rackets. The mysterious milk committees of the County Medical Societies which are liberally subsidized by the milk distributors, for instance, undertake to falsely reassure the public and the medical profession that milk distributed in their communities is rendered pure and safe by pasteurization.

The truth regarding pasteurization is absolutely barred from the public eye by a rigid censorship of the press rendered more acute by expenditure on advertising by the milk companies. It is even suppressed or misrepresented in medical and sanitation textbooks.

The textbooks generally state that pasteurization reduces the bacteria in milk by about 99%. This much is true under ideal conditions of pasteurization, which often do not prevail in commercial practice. But the statement is a half truth which conceals the fact that the one percent of germs which survive even ideal pasteurization rapidly multiply. Within several hours after pasteurization the number of bacteria present in the milk may be larger than the number prior to pasteurization.

PASTEURIZATION MAY MAKE MILK MORE DANGEROUS

Numerous studies and investigations have proved the deficiencies of pasteurization. The works of Rogers and Frazier, and of Prucha reveal that certain types of the dangerous streptococci and other groups of bacteria may actually flourish at the temperatures of pasteurization. Ayers and Johnson of the U. S. Department of Agriculture stated in their official publication, "A Study of Bacteria Which Survive Pasteurization" as follows:

> "Four distinct groups of bacteria, the acid forming, the inert, the alkali forming and the peptonizing, survive pasteurization . . .

". . . Streptococci from milk and cream were much more resistant than those from other sources."

By its destruction of acid-forming bacteria that destroy other forms, pasteurization may actually add to the dangers of milk.

The diseases borne by milk are many. These may be divided into two groups—human diseases originating in diseases of the cow that are conveyed by milk, and diseases due to contamination of milk.

Among the diseases of the cow conveyed to the human by milk are the following:

COLDS, SEPTIC SORE THROAT, RHEUMATIC FEVER AND HEART DISEASE

Septic sore throat is caused by streptococci on the cow's udders, which may or may not give rise to disease of the cow: or they may be introduced into milk by contamination. The disease which these streptococci cause in the human is generally virulent, and dangerous to health and life. It may cause rheumatism, heart disease, St. Vitus dance, kidney disease, and even death through the blood-stream infection, so-called "blood poisoning.' Periodic epidemics of septic sore throat recur as often as three or four times a year among milk drinkers.

There is little room for doubt that the streptococci of milk are the most frequent cause of rheumatic fever the most deadly disease of childhood. It ranks first as the cause of death in girls and third, in boys. Characteristically, little mention is made of this fact by our corrupted public health officials or intimidatd "authorities" in the current exploitation of rheumatic fever. Instead they tell the public: "Drink more milk."

Danger to health and life could be avoided if the public were notified of the epidemic and warned to boil milk. But seldom, or never, do public health authorities who are dominated by milk interests notify the public of the prevalence of these epidemics. They seek to avoid damage to the milk business, even though it be at a sacrifice of health and life.

Many mothers ask their physicians, "Why do my children have frequent colds, although they are well fed and get plenty of milk?" The answer is not infrequently that milk, laden with virulent streptococci, is the cause of the colds.

Streptococcus-laden milk is probably the most frequent cause of heart disease which kills and maims children. Public health organizations pretend to fight juvenile heart disease. But due to subsidy by milk companies and allied foundations, this danger of milk is not mentioned to the public.

Almost regularly, each year, whole towns must be quarantined because of epidemics of septic sore throat. These epidemics are seldom announced in the press except when they affect only small rural communities. Such epidemics also occur in the larger cities; but information regarding them is suppressed because of the resultant financial loss to the milk interests.

Thus during the winter of 1937, there occurred in Owego, N. Y. an epidemic of septic sore throat which was so severe and widespread as to lead to a quarantine of the whole town. This was announced in the press dispatches.

During the epidemic, the milk from the same herds as caused the disease was shipped to New York City. The epidemic which was caused in New York City by this highly infected milk was labelled "influenza" by the health authorities.

The last New York City Commissioner of Health who announced the occurrence of epidemics due to milk several times a year and warned the public to boil it was Dr. Royal S. Copeland. He cost the milk companies heavily. They were glad to help "kick him upstairs" into the U. S. Senate. But they now neglect no precaution to avoid the appointment of a health commissioner who is not under their control and subsidy in most large cities. In this, the American Public Health Association has been cooperative.

TUBERCULOSIS DUE TO MILK

Tuberculosis is as widely prevalent in cattle as it is in humans, and the bovine form of tuberculosis is readily transmitted to humans by milk. Students of the subject have estimated that over 6% of the deaths from tuberculosis in this country are due to bovine tuberculosis, even though that form of tuberculosis is less deadly than the human form.

In 1930 the Massachusetts Department of Health reported that one-fifth of the population of Massachusetts, a million persons, each day consumed milk derived from cows that might have been tuberculous. In London a study of milk samples before pasteurization revealed that 83% showed virulent tubercle bacilli; and 3% showed it after pasteurization.

Calmette of the Pasteur Institute devised a method of immunizing calves against virulent tuberculosis. It consists of the injection of a weakened strain of tubercle bacilli into the calves shortly after birth. This gives them a mild form of the disease which protects against the more virulent form. It protects the cows. But it is not absolutely proved that cows thus infected may not transmit the disease to humans. Tuberculin testing is not entirely adequate for the elimination of the danger of transmission of tuberculosis. Lax inspection of cattle by health authorities considerably enhances the menace.

UNDULANT FEVER—A DISEASE OF MILK

Bang bacillus infection, or brucellosis, is a disease which causes abortion in cattle. It is highly contagious among cattle, and may ruin whole herds. It is widely prevalent among the herds of this country. It is even present in certified herds. Five percent of milk samples from certified herds of Detroit showed the bacilli.

The disease is conveyed to humans by milk; and there have been quite a few cases of the disease recognized in the human, although it is difficult to diagnose and frequently goes unrecognized. It is characterized by recurrent attacks of low fever, shooting pains, sweats and weakness which may continue for months, or for years. In the chronic form it causes weakness, loss of weight, lassitude, occasional fever and other vague symptoms. There is no method of treatment which assures any degree of success, and the disease must be left to run its course. The disease also causes abortion in the human.

Undulant fever is spreading rapidly in this country. At times and in

some communities it has attained epidemic proportions. For a long time the matter was hushed even in the medical press, so that even many doctors were not aware of the existence of the disease or its nature. But its spread is forcing it on public attention. A recent survey among the school children of Detroit showed that one-third of those examined were affected with unsuspected chronic undulant fever.

DEADLY MILK TREMBLES

Epidemics of ulcers of the stomach and intestinal tract in children from one to six months of age were traced by Dr. H. F. Helmholz and Dr. E. W. Saunders to germs which cause inflammation of the udders of cows and which survive pasteurization. These germs were found also to cause ulcers in animals to which they were fed.

A new infectious disease borne by milk known as Haverhill Fever has recently come to light. It starts with chills and fever. Soon there develop a rash and joint pains which jump from one point to another.

A mysterious and deadly disease which is known by the name of "milk sickness" or "trembles" seems to be peculiarly American. It occurs generally in Virginia, Ohio, Indiana, Kentucky, Tennessee, the Carolinas, Georgia, New Mexico, and Arizona. Dairy products and meat from cattle fed on white snakeroot, which they may eat in dry spring weather, convey the disease. It comes on acutely with sudden loss of appetite, nausea and weakness of the muscles in the arms and legs. After two or three days severe abdominal pains develop. The victims become dull and apathetic and may lapse into unconsciousness or coma. Historical interest attaches to the disease because it was the cause of death of Nancy Hanks, the mother of Abraham Lincoln.

DISEASES DUE TO MILK CONTAMINATION

Diseases which may be borne by milk contaminated in the process of handling are numerous. Such contamination is in some measure unavoidable. Few persons who could see the amount of filth removed from milk at the point of collection, by a process of centrifuging, would care to drink milk. Manure, hay, hair, weeds, scabs, occasionally even drowned mice, and a large assortment of foreign bodies are thus removed from the milk. There cannot be removed in this manner the bacteria conveyed by those substances and by the dirty milk cans. These bacteria breed prolifically in the milk.

Diseases of milk handlers may contaminate milk and be transmitted by it. Typhoid fever, scarlet fever, measles, the human form of tuberculosis and many other dangerous and deadly diseases can thus be conveyed by milk to the human.

BOTTLES DO NOT INSURE AGAINST CONTAMINATION

Bottled milk is little more effective in protecting health than is loose milk. Aside from the contamination of milk before introduction into the bottle, there are elements of danger in the bottle itself. Bottles are reclaimed for use from the home and from the garbage dumps. In both cases, there is a certainty of contamination. At the milk bottling plants, the bottles are hurriedly washed and processed; hurriedly as compared with the exposure to high

pressure steam for twenty minutes that is required for sterilization. Before being refilled, they are examined by inspectors as they are continuously conveyed past them by chain belts. Fatigue of the eye bars a certain elimination of even the washed bottles that remain grossly dirty.

I have among my patients a milk bottle inspector who was practically blind in one eye and markedly impaired in vision in the other. He "inspected" bottles many years before his employers discovered that he could barely see.

Even when the bottles are uncontaminated at the time of filling, there are many possibilities of subsequent contamination. The mouth of the milk bottle is often soiled when delivered. In the process of opening the bottle this dirt contaminates the milk.

DYSENTERY AND MILK

Recent widespread epidemics of dysentery and gastro-intestinal disorders have been traced to milk; and there the matter was dropped by health officials. Thus G. M. Fyfe reported a milk-borne epidemic of dysentery affecting one hundred and fifty people in 1927. Since then, numerous epidemics have recurred, many of them directly traced to pasteurized milk.

Milk, both raw and pasteurized, plays a large role in causing diseases of the digestive organs. Thus Dr. Horace W. Soper writes.

> "About four years ago I became convinced that raw as well as pasteurized milk contained pathogenic bacteria and advised boiling milk and cream. In time, I employed the evaporated milks particularly in cases of gastric and duodenal ulcer, ulcerative colitis, catarrhal colitis, etc. The results were so satisfactory that I prescribed the canned evaporated milks exclusively in my diet-lists for such conditions. Ulcers healed more quickly and recurrences were less frequent. Ulcerative colitis patients responded especially well and relapses which formerly were so common are now rarely encountered. Many cases of catarrhal colitis are quickly corrected by this simple change in dietary habits."

OTHER DANGEROUS DISEASES SPREAD BY MILK

Contaminated milk may spread many other dangerous diseases that jeopardize life. Thus scarlet fever and measles epidemics are generally traceable to milk. Likewise typhoid fever is often traceable to contaminated milk. Various types of infections and food poisonings are caused by milk products and custard pastries contaminated by certain types of germs of the staphylococcus and salmonella groups. In these foods epidemics health authorities generally shift the blame and falsely absolve milk, for reasons that presently will become apparent.

LEAD AND ARSENIC POISONING FROM MILK

There has been brought to light recently another factor of danger in milk, poisoning by lead and arsenic. These poisons have been traced to various sources: lead arsenate sprays used on farms; the soldered vessels used in handling milk; and the large volume of finely divided and readily absorbed lead in

the exhausts of cars using ethyl gasoline which fills the air and settles over the countryside. Health authorities of New York professed to be unaware of the presence of these poisons in milk; and have failed to do anything about it.

ADULTERATION OF MILK REGULARLY PRACTICED DESPITE LAW

Adulteration of milk with "alkalinizers" is a wide-spread practice in this country. There are few cities which, during the summer months, are not supplied with "alkalinized" milk. The object of the "alkalinizer" is to mask the taste caused by the growth of bacilli, more particularly the lactic acid bacillus, in the milk. Thus, milk which is old and bacteria-laden can be sold as "fresh milk." None of the milk to which "alkalinizer' has been added bears a label noting this adulteration when sold. This is a violation of the Pure Food and Drug Act. But as a result of politics and other curious circumstances which will be explained, the milk companies have never been prosecuted for it. Instead, it has been made "accepted practice."

PROCESSED MILK IS SAFE AND BETTER

Unprocessed milk, even though pasteurized, is so fraught with potential dangers to life and health that were it not nature's diet for infants, its use would probably be eliminated for the protection of public health.

Competent authorities have arrived at the conclusion that since milk is potentially the most dangerous of foods, it should be used only after sterilization and packaging in sealed containers, in condensed, evaporated or dried forms. They alone offer protection against the array of disease conveyed by milk.

Former Commissioner of Health of New York State, Dr. Hermann M. Biggs, predicted more than thirty years ago that eventually all milk would be sold in concentrated sterilized form. Only milk that is actually sterilized, he stated, is safe for human use; and the sale of only such milk should be permitted. The objection that the vitamin content of milk may be affected by these methods of preparation is not very valid; for the destruction of vitamins scarcely equals that of universally adopted adulteration of milk for urban consumption.

There are other advantages to the processed forms of milk. They have a higher concentration of solids and a higher food value than milk. They are generally prepared from fresh milk, and are less likely to be adulterated. And they are also more economical in some respects although the distributors maintain the retail price at the same level as an equivalent amount of bottled milk.

Approximately 85% of the contents of milk is water. The sale and distribution of the water in the milk entail a huge waste. Advances in science and technology now make it possible to sterilize and concentrate milk, or even to reduce it to a powder before shipment. If racketeering is ever eliminated from the milk industry these preparations should make possible a safe and inexpensive milk for use when required, also safe cheeses and other dairy products.

HONEST HEALTH OFFICERS ARE THE PUBLIC'S ONLY PROTECTION

Because of its vital bearing upon infant life and public health, the production and distribution of milk have been placed under the control and supervision of public health officers. Only absolute and fearless honesty of health officers utterly free of milk company control and domination could be expected to serve the public sufficiently faithfully to enable a reduction of milk-borne diseases to a minimum. Rigid and unbiased inspection of cows and milk would help to reduce the dangers which they may offer to the health and lives of the public.

WHY THE TRUTH ABOUT MILK IS SUPPRESSED

The reader may well wonder why the truth regarding milk and its dangers has not been called to public attention. The reason is primarily money. Milk is the basis of one of the country's largest staple businesses. The milk bill of New York alone, for instance, amounts to more than half a million dollars a day, or almost two hundred million dollars a year. The profits of milk distributing also are inordinately high. It is not surprising that the business has attracted the interest of some of the country's wealthiest and most influential citizens.

SECRETARY WALLACE LABELS "MILK TRUST"

The two dominant companies engaged in the distribution of milk are the Borden Company and National Dairy Products Corporation. The financial forces that control the Borden Company are the Milbank, Morgan, Metropolitan Life Insurance, Rockefeller, and Chase National Bank group. The bankers of the National Dairy Products Corporation are Lehman Brothers. Secretary of Agriculture Wallace has made the charge that these two companies work hand in hand and constitute the "Milk Trust." His charges have been confirmed by reports of Congressional Committees. The Borden Company and its subsidiaries, officers and allies were indicted in 1938 by the Federal Government on the charge of combination in restraint of trade. One of the indicted companies has already agreed to enter into stipulations regarding the indictment at the time of this printing.

Tremendous financial, social and political pressure has been exerted to prevent the public learning the truth about milk and to build up the businesses and profits of certain milk distributing companies without regard to public health or interest. There has been developed for this purpose a most elaborate and ruthless propaganda machine.

GOVERNMENT ASSURES PROFITS TO MILK TRUST

Our State and Federal Governments, notwithstanding the camouflage of Congressional reports and indictments, are a part of this Milk Trust Machine. They fix the prices which the farmers are paid for milk. When necessary militia and police forces are used to compel the farmers to sell to the distributors at the prices fixed by the governmental agencies. This is the significance of the cleverly rigged "milk strikes."

The Government also fixes the prices which the public must pay for milk.

In many cases, as in New York State, a fraction of a cent is added to the price of each bottle of milk to defray the cost of official false and misleading advertising and publicity by the State to stimulate the increased purchase and consumption of milk and to delude the public into regarding it as a safe and essential food. The entire prestige, influence and power of the Government is mobilized to assure the profits of the Milk Trust.

Among the government agencies which are most useful in the stimulation of milk profits are health departments. But the Milk Trust does not depend on its subsidy of all political parties and its control of governments alone for its hold on health departments. Through the Social Service and Philanthropy Rackets and other allies it has gained control of the appointment of health officers, as in the case of the Milbank Fund. Through campaigns for pasteurization of milk it drives out of business weak competitors who cannot afford to purchase the needlessly expensive pasteurizing machines prescribed by the law from companies dominated by the Trust. This is done successively in various communities that the Trust is preparing to conquer. It is the turn of Miami now.

Through the same agencies the Milk Trust has gained control of professional medical, nursing and public health schools and organizations. Through the agency of these organizations and by its influence as an advertiser, the Trust has gained a complete censorship of the news in regard to milk and medical and health topics. This is aptly illustrated by the fact that the Medical Information Bureau of the New York Academy of Medicine and New York County Medical Society, which exercises censorship over the nation's press through the device of issuing "medical information," in 1936 was given a sixty thousand dollar endowment by the Borden Company ally, the Milbank Memorial Fund. The Milk Committees of the County Medical Societies are also supported by the milk distributors. The American Public Health Association is dominated by the Milk Trust henchmen and in turn dominates public health administration.

THE "NEW DEAL" AND THE MILK TRUST

Under Roosevelt and the "New Deal," as has been intimated, this machine has attained its most complete national development and its greatest power. The Milk Trust and its machinery for censorship and suppression of the truth have been made perfect. Through all of this intrigue is maintained the usual pretense that these measures are taken in the interest of the farmers and the public—"My friends." Mayhap it has become too perfect. The Social Service Racketeers and the "New Dealers" whom it has helped rocket into power are now beginning to view their creator and ally with characteristic cupidity. The Trust may succumb to its own perfection and to the wiles of its most cherished bedfellow.

The Milk Trust is already under indictment. It is highly possible that the next step will be its seizure by the Social Service Racket and the New Dealers.

PUBLIC HEALTH MILK PROPAGANDA

Because of its vital bearing on infant life and public health, as has been

stated, the production and distribution of milk have been placed under the control and supervision of public health authorities. From an examination of the milk propaganda issued by these authorities can be gained some insight into the situation.

Among the slogans used in the New York State campaign to stimulate the increased use of milk by the public are the following:

> *"Milk is a protective food."*
>
> "It has a definite *disease resisting* power and promotes vigorous, buoyant health."

These statements are made by the State on the authority of "experts on nutrition" employed by the milk companies. The leaders of the science of nutrition, Professor E. V. McCollum of Johns Hopkins University and Professor Sherman of Columbia University are quoted in this connection by the State. Support is also lent to these slogans by the "guardians of public health," the American Public Health Association, which announced that

> "Milk is called *a protective food* because it makes up for the deficiencies of our civilized diet."

Beside this statement should be put the fact that there would not be so many food deficiencies in the American diet if mercenary "scientists" and "experts," subsidized and prostituted by commerce, had not sanctioned the denaturing of foods such as bleaching flour and "refining" sugar.

Dr. Haven Emerson, former Health Commissioner of New York City, professor of public health at Columbia University, and officer and interlocking director of numerous organizations that rank high in Organized Social Service, who professes to be no "expert" on nutrition, has written one of the testimonials that has been most stimulating to the business of milk companies:

> "Present information as to cost and value makes it quite clear that the entire community would save expense and serve their nutritional needs if as much as one quart of whole milk were used as food for each member of the population daily. We can go further and say that it is indispensable for steady growth and development of children, at least until they reach school age, that a quart of milk should enter their daily dietary. We can add a third summary of the situation to the effect that unless at least a pint of milk a day per person is used in a community, a waste of income and serious nutritional errors are certain to develop and affect the vitality, sturdiness, and capacity to resist disease of a large number of both children and adults."

Dr. Emerson since then has been appointed to the New York City Board of Health.

MILK TRUST SUCCESS

With this propitious setting, milk has been made an item of vast and intensive commercial exploitation. A Congressional resolution passed on May 15, 1934, read as follows:

> "Whereas an investigation in the District of Columbia . . . revealed testimony which abundantly sustains the contention that over a period of

years large milk distributors have attempted to create a monopoly in the District of Columbia, and largely as a result of these efforts farmers producing milk for the District of Columbia milkshed have received low returns for their product and have been placed at a serious disadvantage; and

"Whereas the testimony adduced in the aforesaid investigation in the District of Columbia tends to prove that SIMILAR MONOPOLISTIC EFFORTS LIKEWISE EXIST IN OTHER MILKSHEDS IN THE UNITED STATES. . . ."

The report of the Federal Trade Commission on the "Sale and Distribution of Milk Products, Connecticut and Philadelphia Milksheds," published April 5, 1935, revealed that the suspicions expressed by Congress are well founded. It reveals that, although there has been maintained a semblance of competitive organization by the principal milk distributing companies, National Dairy Products Corporation and the Borden Company, there is a singular coordination of their activities, and a united front against the producers, farmers and dairymen, and against the consuming public.

There are indications of a difference of opinion regarding milk in the President's Cabinet in a statement issued, on December 15, 1934, by Secretary of Agriculture Wallace. He denounced the "Milk Trust," for "excessive distribution charges, collusion of producers and distributors, control from super-organizations and even rackets of one form or another."

ORGANIZED "SOCIAL SERVICE" SERVES MILK TRUST

In attaining its "success," the Milk Trust leaned heavily on the Social Service Racket and its allies. Credit for their roles in this "success" should be given the New York Tuberculosis and Health Association, the Milbank Memorial Fund, the Rockefeller Foundation, the Metropolitan Life Insurance Company, the American Federation of Labor, the C. I. O. and many others. Most significant was the role of the United States Public Health Service and its Surgeon General, the American Public Health Association, and State and municipal health departments and their Commissioners. The mode of procedure in New York City, which is quite characteristic, will give better insight into the situation.

FATE OF HEALTH OFFICERS WHO SERVE THE PUBLIC

Dr. Louis I. Harris, when Commissioner of Health of New York City, made honest and sincere efforts to force the milk companies to abide by health regulations. Honestly he refused to accept a salary or subsidy from the Milbank Memorial Fund. He regarded it as his sworn duty. He sent to jail many men powerful politically, including a former Secretary of the Health Department and a former Assistant Corporation Counsel, in his efforts to insure clean, pure milk to the people of New York City. He soon found his efforts blocked by the city administration. Shortly thereafter, the National Dairy Products Company approached him with the offer of a highly paid position with that company if he would resign his Health Commissionership. He was told that his services were desired to clean up the dairies of that com-

pany and to help insure the provision of pure, clean milk to the public. He was offered a three-year contract at a salary stated to be $50,000 a year.

He accepted the position, and soon found that the company merely wished to get him out of the way. He states:

> "I soon found that my recommendations to bring about normal sanitary conditions in the plants of the company in . . . large cities, and other suggested reforms were rejected."

Shortly thereafter, the Company made things sufficiently uncomfortable for him to lead him to resign. In the years following, lawsuits were brought against him by milk companies which he had prosecuted while he was Commissioner of Health. The Municipal authorities, working in cahoots with the milk interests, refused to defend the suits brought against the former Commissioner based on his services to the City. This endangered his savings, made life extremely miserable for him, and forced him to live abroad for a number of years.

This is the fate of a public officer who attempts to force milk companies to abide by the law and provide the community with clean, pure milk.

COMMISSIONER WYNNE SUCCEEDS

Commissioner Harris was succeeded by Dr. Shirley W. Wynne. While Commissioner, Dr. Wynne remained on the Milbank Memorial Fund board. On the 20th of March 1931, Talcott Powell, in an article published in the New York *World-Telegram,* revealed to a surprised public that Commissioner Wynne

> ". . . has been receiving an extra salary for public health work in the city . . . Dr. Wynne was placed on the Milbank Fund payroll . . . in connection with the Fund's Bellevue-Yorkville Health Demonstration about six years prior, as was also Dr. Louis I. Harris, who was then Deputy Commissioner, but later became Health Commissioner . . . at a salary of $25 per week.
>
> "After receiving the money for not more than four months, Dr. Harris said he became convinced that he was being paid for what he considered his duty as a city official, so he asked to be taken from the Milbank payroll . . .
>
> "Dr. Wynne was not removed from the Milbank payroll until The *Telegram* began investigating the situation in December (1930).
>
> "Albert Milbank, Chairman of the Board of Directors of the Borden Milk Co., is president of the Milbank Memorial, which was established largely from money earned by the Borden Company. The Fund now holds about three percent of the common stock of the Borden concern.
>
> "Commissioner Wynne's official duties include the granting of permits to milk companies and checking on violations of health ordinances.
>
> "When the situation was pointed out to officials of the Milbank Fund, Dr. Wynne's honorarium was discontinued by them.
>
> "Payments to the Health Department, which are made through the New York Tuberculosis (And Health Association) Society, were continued. These amounted to $75,000 in 1929 and $60,000 in 1930.

". . . It was from these (funds) that Commissioner Wynne's associates were paid. Dr. Wynne used some of it to pay the salary of Edward Fisher Brown, his special deputy who is the department publicity man.

"Still more went toward the salary of H. W. Lemkuhl, whose title was food consultant, but who actually acted as head of the department's food bureau, *which is in direct charge of the regulation and inspection of all milk and other dairy products sold in the city.*

"Dr. Wynne has also obtained $20,000 for the operation of his department from the Rockefeller Foundation and additional sums from the *Metropolitan Life Insurance Company.*

"THE MILBANK FUND'S PAYMENT OF DR. WYNNE IS IN KEEPING WITH ITS GENERAL POLICY."

Commissioner Wynne continued on the Milbank payroll until its investigation was instituted, according to the report of the *New York Telegram.* He was quite helpful to the milk companies. On every possible occasion Dr. Wynne urged the public to increase its consumption of milk. He advocated milk as the perfect food for the young and for the old. He wrote leaflets urging the increased consumption of milk, which were distributed by the milk companies with the morning bottle of milk. He recommended milk as the best food for adults and advised the consumption of one quart a day. During his tenure of office there was never a word mentioned by the Commissioner with regard to episodes of milk contamination which periodically recur several times a year. By no word from the Health Department were the profits of the milk distributing companies reduced no matter what the cost to the public in health and life.

IN DEPRESSION PUBLIC TURNED TO CHEAP, BOILED, LOOSE MILK

The depression hit the milk industry hard. People drank less milk. To increasing extent the consumption of high priced and highly profitable bottled milk dropped, while that of inexpensive and relatively less profitable loose milk rose. The large distributors of bottled milk and the Milk Trust were particularly hard hit. Independent milk dealers were severely underbidding them on loose milk, in an effort to meet the purchasing power of the poverty stricken public. The "Milk Trust" profits were dropping.

The babies flourished when fed on cheap milk which cost little more than the "spread" which the Trust was levying on the public for bottled milk. The quality of the milk was good; in any event, the users of loose milk had learned to boil it before using—a wise precaution with any unprocessed brand of milk.

INFANT HEALTH IMPROVED BUT MILK TRUST PROFITS FELL

The excellence of the loose milk sold in New York City is attested by the reports of the Department of Health of the City of New York. Health Commissioner Wynne related in his annual report for 1931 that, in spite of an epidemic of infantile paralysis, the infant mortality rate for the year was the lowest on record.

It can reasonably be assumed that the directors and employees of the Milbank Memorial Fund, whose salaries depended upon the dividends on Borden Company stock, were perturbed by the reduced profits of the "Milk Trust" and by the possibility that their incomes would stop when dividends failed. That situation called for action.

MILK TRUST AGENTS FORM "IMPARTIAL COMMITTEE" TO ABOLISH LOOSE MILK

Action was promptly taken. Commissioner of Health Shirley Wynne appointed a Loose Milk Commission to report on the "menace that loose milk offered to infant health." To lull public suspicion the infantile paralysis epidemic, which was then subsiding, was used as a pretext for the necessity of this study. It should be stressed that there has never been adduced the slightest evidence that milk conveys infantile paralysis, which is conceded to be primarily a respiratory and nervous system infection. The Committee appointed by Commissioner Wynne was characterized in a published letter by Mr. Samuel Untermyer, attorney for the Independent Milk Dealers' Association, as follows:

"September 24, 1931.

"Dr. Shirley W. Wynne,
"President, Board of Health,
"Health Department of New York City.

"Dear Mr. Wynne:

"From information that comes to me concerning the personnel of the commission appointed by you, I am becoming more and more convinced that some of these gentlemen should not be concerned in conducting a preliminary survey, even though it be not binding on the department.

"1. Dr. Brooks, who is Deputy Commissioner of the State Board of Health, is, I am told, one of the Public Health Council, who are said to dominate the policies of the State Department of Health. This is true also as to Dr. Flexner.

"2. Patrick D. Fox is vice-president of the Borden Company. I cannot understand how he fits into such a commission.

"3. The same is true also of Mr. Halliday of the Sheffield Producers Association, which is a subsidiary of the National Dairy Products Company.

"4. The same is also true of Professor McCullom, who is said to draw a salary of $10,000 per year from the National Dairy Products Company, of which the Sheffield Producers Association is a subsidiary. Professor McCullom is general consultant of the National Dairy Products Company.

"5. Professor Rosenau is scientific adviser to Whiting & Co. of Boston, a company similar to Borden's of New York, and is suspected of being a subsidiary of National Dairy Products Company. Dr. Rosenau appears to have been the only medical authority who seemed to think that infantile paralysis was traceable to the use of milk.

"6. Dr. Sexauer is president of the Dairymen's League.

"7. Dr. Van Ingen, I am told, has always been a member of the consulting groups engaged in research activities for Borden's.

"While there is no objection to Dr. Flexner, who is director of the Rockefeller Institute, his relations to Dr. Welch, who is chairman of the board of trustees of that institute and also chairman of the board of trustees of the Milbank Foundation, are of some significance.

"Dr. Flexner is also chairman of the State Public Health Council, of which Homer Folks is vice chairman. Homer Folks is also chairman of the State Charities Aid Association, which recently received a contribution of $5,000,000 from the Milbank Foundation.

"The Welfare Council of Greater New York, of which Mr. Burlingham, for whom I have a high personal regard and to whose presence on the commission there is no objection, is president, receiving a contribution from the Milbank Foundation in 1930 of $4,500.

"8. Henry C. Beakes of the Beakes Dairy Farm is associated with the Dairymen's League.

"9. There is very decided objection to the presence of Edward Fisher Brown, even though he ostensibly acts only as secretary to the commission. While he is not on the city payroll as a Special Deputy Health Commissioner, he is said to be on the payroll of the Milbank Foundation and to take his instructions from John A. Kingsbury, director of the Milbank Foundation. Mr. Milbank is chairman of the board of Borden's.

"The information comes to me, whether correct or not, that all the scientists listed on your commission compose what is known as the "Eastern Scientific Clique," and that this group can always be found identified in the same activities; that they are always together on research work; very friendly relations exist among them, and that, in effect, they constitute an 'inner circle.'

"I do not say this by way of disparagement of any of these eminent gentlemen. But even 'eminent' men have their prejudices and preconceptions. I think that the commission which is to conduct this survey should consist of men who, whilst perhaps less distinguished, are also less pronounced in their views and have less pre-judgment of the issue that is to be investigated. I have the highest respect for these gentlemen, but their slant with respect to the subject matter of this inquiry is said to be so pronounced that, subconsciously if not otherwise, their judgment can be fairly well foretold.

"Why not constitute a smaller commission of less distinguished men, with less preconceptions? I would very much like to have you take this suggestion under advisement.

"In one of my previous letters I stated my objection to your plan of having a survey made by these gentlemen and the commission then reconstituted. If the survey is to be of any value it is bound to influence the reconstituted commission and perhaps the Health Department. That is not quite what we understand as an impartial investigation, however eminent

may be the gentlemen who constitute it, and I bow to no man in my respect and admiration for some of them.

"Very truly yours,
"SAMUEL UNTERMYER."

The other members of the Commission were Henry Dwight Chapin; Howard S. Cullman, prominent in social service activities about New York City; Dr. Hugh S. Cumming, Surgeon General of the United States Public Health Service; Miss Lillian D. Wald and Health Commissioner Wynne. The three latter were on the roll of the Milbank Fund, on its advisory council. Meetings and luncheons of the committees of the Commission were held in the offices of the Metropolitan Life Insurance Company.

The Chairman of the Commission was Charles C. Burlingham, President of the Welfare Council of New York City. Its Secretary, Edward Fisher Brown, was accused by the Independent Loose Milk Dealers of being in the employ of the bottled milk industry and of being placed as Special Deputy Commissioner in the Health Department by the Milbank Memorial Fund. Edward Fisher Brown acknowledged that he had secured his position with the Health Department at the suggestion of Lee K. Frankel of the Metropolitan Life Insurance Company, where he was placed in charge of the Diphtheria Prevention Campaign, to which the insurance company had contributed $10,000, and the Milbank Fund had contributed, through the agency of the New York Tuberculosis and Health Association, $190,000. It was from these funds that Edward Fisher Brown received his salary, according to the statement of the Commissioner.

"IMPARTIAL COMMITTEE" ABOLISHES LOOSE MILK AND INSURES MILK TRUST PROFITS

What might have been expected, under the circumstances, happened. The Loose Milk Commission, many of the members of which were so largely subsidized or employed by the "Milk Trust," held what they pretended were "impartial hearings." Civic organizations and public spirited citizens protested that the abolition of loose milk would work hardships on the poor. Their protests were ignored. Dr. Louis I. Harris, former Commissioner of Health, made the following statement:

"During my term of office I instructed Dr. William H. Park of the Bureau of Laboratories of the Health Department to set his staff to the study of what danger, if any, was inherent in the dipping of milk. Dr. Park and his associates made a careful study.

* * * * * * *

"Dr. Park, the Academy of Medicine and other scientific authorities joined me repeatedly in the justified assurance to the public that the general milk supply of the city was one of the safest and best in the country.

* * * * * * *

"At present we are faced with an economic crisis which is one of the greatest in our history. The economic reason for the avoidance of any change in procedure that would deprive the community of the use of this

necessary and valuable nutritive substance or curtail its use should give us very much greater pause."

Dr. Harris subsequently charged that the members of the Loose Milk Commission were "retained" by the large milk distributors constituting the "Milk Trust."

In due time the Commission issued a report. The report recommended the abolition of the sale of loose milk, as dangerous to public health; also that the sale of loose milk be barred. *except to restaurants, hotels and, most amusing of all, hospitals.* One of the reasons advanced for the recommendation was the false allegation that loose milk was responsible for the spread of infantile paralysis. If they had regarded this as true, the Commission should have also abolished the sale of pasteurized milk; for pasteurization does not kill off the streptococci that erroneously were regarded by some members of the Commission as the causative agent of infantile paralysis. Their failure to abolish the sale of bottled and pasteurized milk makes the motives of the Commission quite obvious.

RETURN OF LOOSE MILK PROMISED

The Commission acknowledged in its report that the only objection to loose milk was the practice of dipping, with its danger of contamination of the milk. They announced that they realized that this danger could be eliminated by means of devices which would enable the sale of loose milk without the dangers of dipping; and that they would *in the immediate future make a study of such devices and hold hearings on the matter with a view to once again permitting the sale of the cheap, loose milk.*

Over seven years have elapsed since that report, and the "Milk Trust" Commission has manifested no further interest in the matter of devices that would enable the safe sale of low-cost milk to the public. In the interim Dr. Wynne's place has been taken by Dr. John L. Rice, who was sponsored by the Rockefeller Foundation, the Milbank Memorial Fund and the Metropolitan Life Insurance Company.

BUT HAS NEVER MATERIALIZED

At a hearing on the subject of the loose milk question, in the year following the issuance of the order abolishing it, an attempt was made by Mr. Samuel Untermyer to force consideration of milk pumps and containers that would permit of distribution of cheap, loose milk with no danger of contamination. Commissioner Rice, the presiding officer, refused to give the matter any consideration, in spite of Mr. Untermyer's plea that prohibiting the sale of loose milk was costing the poorest folks in the city an increased expenditure of $100,000 a day. He alleged that the authorities were protecting "the powerful, wicked monopoly that is gouging the public least able to bear it."

BOTTLED MILK PROVED MORE DANGEROUS THAN BOILED LOOSE MILK

During the summers following the abolition of the sale of loose milk in New York City, there occurred recurrent epidemics of diarrhea of the type known as cholera infantum. Cholera infantum had been practically an extinct

disease in New York City during the prior twenty years. The disease occurred among the children in the poorer sections of the city who were being fed only bottled milk which was being distributed in their districts. It is apparent that the bottled milk sold in those districts was sometimes more damaging to infant health than the loose milk previously sold.

The records of the occurrence of cholera infantum were either not kept or were suppressed.

There did occur cases of starvation of infants of depression and poverty-stricken families, due to the rise in the price of milk to almost double. To be sure, the favored Borden Company, which for a long time maintained sales agencies on city property—the premises of the New York Health Department Baby Health Stations—sold a limited number of bottles of milk at one cent less than the market price and did an improved business in those clinics. In spite of many milk funds, it was possible to secure free milk for few of these infants. The "Milk Trust's" business policy dictated against the free distribution of milk, except in very special cases.

REWARDS OF "GOOD" HEALTH OFFICERS

The principals in this noble undertaking did not have to wait long for their reward. They were provided for, as follows:

Edward Fisher Brown, Secretary to the Milk Commission and Deputy Commissioner of Health, was given a highly lucrative position by Sheffield Farms Company for the professed purpose of "making studies of the milk industry in the Metropolitan area," at a reported salary of $25,000 a year. The actual activities of his organization, Milk Research Council, Inc., is lobbying for the "Milk Trust." He also busies himself with writing letters to the papers justifying constantly rising milk prices on the ground that they are to the advantage of labor and of the public.

Health Commissioner Shirley W. Wynne, at the end of his term of office, was given a position equally well paid, $18,000 per year, as the head of the New York and New Jersey Milk Institute. In this capacity he is to be found among the representatives of the Borden Company and National Dairy Products, lobbying at Albany for an increase in the price of milk.

FARMER LEFT IN DELL

Farmers did not profit in any manner from this increased price of milk to the public. The following year found them clamoring for a fair price for their products, one that would at least equal the cost of production. New York State officials had much reason to be favorably inclined to the "Milk Trust," but the farmers' votes count. A Milk Commission, which would control the milk industry and fix the price of milk, was decided upon, with the full approbation of the Milk Trust, as a means of "passing the buck" in the election year.

On April 10, 1933, Governor Lehman, who is a former partner of the bankers of the National Dairy Products, Inc., signed the Pitcher Bill, creating the New York State Milk Control Board, with broad powers of regulation and price-fixing. He appointed as Chairman of the Board, Commissioner of Agri-

culture Charles H. Baldwin. State Commissioner of Health Dr. Thomas Parran, whom we noted as a faithful employee of the Milbank Memorial Fund, was made the second member of the Board of three.

LEHMAN'S MILK CONTROL BOARD HELPS MILK TRUST

The price-fixing provision of the bill enabled the Board to fix minimal prices below which various grades of milk could not be sold. The Board acknowledged to the Press that the prevailing retail price of milk in various sections of the State was found to range between 4c to 13c a quart. Three days after its appointment the Commission hastily announced a price schedule for milk which fixed the price at a higher level in the midst of the depression than had ever prevailed during prosperity. The poor, who had been accustomed to using cheap, loose milk, were doubly hard hit. The price of milk paid by the Milk Trust and other distributors to the producer was not fixed then by the Commission. It merely made the distress of the farmer and dairyman a pretext for raising the price of milk to a poverty-stricken and hungry public and to increase Milk Trust profits. Public protest barred a further increase in milk prices proposed by the Milk Control Board in 1934.

BUT FARMERS FARE WORSE THAN EVER

When the Board eventually did set the price to be paid by the distributor to the farmers, they were not materially benefited, although it was their status that had constituted the pretext for establishing the Board. There was set no minimal bulk price for milk. Different prices were set up for milk for consumption by the public as fluid, and other prices, below the cost of production, for milk used in butter, cheese, ice cream and for other purposes. The Board has thus continued an inequity and fraud on the farmer-producer that has long been practised by the distributors. For the distributor makes a higher net profit from milk used in converted forms and pays the farmer less for it.

The Borden Company was especially favored by the section of the law which exempted the Dairymen's League Cooperative Association alone from the provisions of the law fixing the price to be paid to the producer. The reason given for this exemption was the myth that the Dairymen's League is a farmers' cooperative. As far back as 1924, President Milbank of the Borden Company admitted on the witness stand that the League is in reality a subsidiary of the Borden Company. This provision of the law permits the Borden Company to pay the farmer for milk less than the minimal price fixed by the Board. In these provisions one can discern the advantages of the Borden-Milbank "philanthropies." The farmers and dairymen of New York were in worse condition than ever before as a result of the Board's activities.

COMMISSIONER WYNNE SUPPRESSES MILK STRIKE

In May, 1933, the farmers and dairymen threatened a strike to compel the Board to establish a fair price for their product. They protested that the Milk Control Board had merely increased the price to the consumer and the profit to the "Milk Trust" distributors. Commissioner of Health Shirley W. Wynne rose to the protection of the Milk Trust (he called it "the public")

and threatened to permit milk to be brought in from other states outside of the New York City milk shed. A favorably inclined Health Commissioner is a valuable asset to a milk company.

AMENDMENTS HELP MILK TRUST

The original Milk Control Law of 1933 was amended in subsequent years, almost invariably to the ultimate advantage of the Borden Company and of the "Milk Trust." To boost their milk business, the State imposed upon the milk producer and the milk consumer a charge upon each quart of milk for advertising to boost the consumption of milk. The sale of milk had fallen to an even lower level than during the depth of the depression because a large section of the public could not afford to buy milk at the increased prices. When, in 1936, the New York State Legislature cut this advertising appropriation from a quarter of a million to about $100,000 on the ground that it imposed a tax which increased the price of milk to the consumer, Governor Lehman protested vigorously. In 1940 an appropriation of three hundred thousand dollars was made by the legislature for this purpose.

BORDEN COMPANY SUES TO BAR MILK PRICE REDUCTION

Most amusing of the consequences of these amendments was the sequel of that of 1934, which permitted the sale of unadvertised brands of milk at one cent below the price of advertised brands. The reason for this amendment was the political agitation of the independent milk distributors, competitors of the Borden Company and the "Milk Trust," who were being driven to the wall by the law. The Borden Company promptly brought suit to enjoin the Milk Control Board from permitting this price reduction to the public.

We have noted above that Charles C. Burlingham, President of the Welfare Council of New York City, which is supported by annual grants from the Milbank Memorial Fund, was Chairman of the Loose Milk Commission which doomed many infants to starvation—of course not for their own welfare.

Charles C. Burlingham was appointed Special Master by the Federal District Court in the injunction suit of the Borden Company. In due course Master Burlingham reported that the provision of the law to which the Borden Company objected was "unconstitutional."

MASTER BURLINGHAM'S MILK TRUST VERDICT OVERRULED

The Court failed to sustain these opportune findings of Special Master Burlingham. The Borden Company, bent on extending its hold on the New York market and driving competitors out of business, proceeded to get around the law by marketing its milk as an unadvertised brand, in paper containers, through a subsidiary company. In this effort to evade the price-fixing law, which they helped design, they started to use paper containers. They ran afoul of interests as well entrenched as themselves—the glass bottle industry, which was stubbornly fighting the expansion of the use of paper containers, and

had set aside a huge fund for publicity, propaganda and lobbying. These interests succeeded in blocking this plan of the Borden Company at that time, though it was adopted at a later date.

All the activities of the Division of Milk Control of New York State, and of other states that have adopted the same device, were designed to prevent any reduction in the price of milk to the public. Retail licenses to sell milk were revoked by the Division when the retailer attempted to sell milk at less than the fixed price to a public impoverished by the depression.

These activities might be characterized as an edict issued to the infants of the state: "Pay or starve!"

MAYOR LAGUARDIA RESCUED MILK TRUST

When the farmers of the state threatened to form a bona fide cooperative and ship their milk into New York City, so as to give the public the benefit of a lower cost and give themselves a better price for their product by eliminating the milk distributors, Mayor LaGuardia hastened to the rescue of the milk distributors, who had supported his campaign. He did this by the gesture of cutting prices to the poor. He purchased about 30,000 quarts of milk a day from the distributors, and sold it to the public on relief at eight cents a quart, thus selling milk at a price sufficiently low to discourage cooperatives. New York City's daily consumption of milk amounts to three and a half million quarts.

Mr. Untermyer, in a letter to Mayor LaGuardia, charged that his action was a

> "clever means of deluding the people of this city, now paying the present exorbitant price for bottled milk, and of sacrificing the rights of the masses for this mess of porridge, paid for by the Borden Company. . . . You are helping the Borden and Sheffield Companies to fasten their monopolistic grasp upon the milk business of this city by doling out the pittance of 30,000 quarts per day as a philanthropy."

DEALER'S REVOLT

During five years of depression, the Pitcher Law had served to starve infants and to roll up profits for the Borden Company and National Dairy Products. The State undertook to prevent dealers selling milk to the public at prices lower than those fixed by it, thus throttling competition.

In November 1936, the retail stores of New York City undertook to defy the State Department of Agriculture and to sell milk to the public at prices two cents below those fixed by the State. The spokesman for the independent milk dealers explained this anomalous situation as follows:

> "The whole milk control set-up in its present form is unenforceable and unfair. The independents are sick and tired of the whole farce. The entire industry has violated the Control Board regulation, and obedience has been a matter of form only.
>
> "The farmers have been paying cash rebates and the storekeepers have been getting them. Today's move merely brings the fight out into the open."

The Commissioner of Agriculture and Markets ordered the dealers to raise the price of milk to the public under threat of punishment. It subsequently was made public that the distributors were cutting prices to the retailers by the device of providing them free supplies of ice.

NO LONGER OF USE TO THE TRUST, LAW REVOKED

The exposé of these acts perpetrated in violation of the law coupled with the Court decisions barring the sale of "non-advertised brands" in paper containers made the law worthless from the point of view of the "Milk Trust." A short time after the adverse decision, the law which no longer served the purpose of the "Trust" was revoked. Milk prices to the public promptly dropped, until the "Trust" engineered a "cooperative" method of price control.

Seeking a "cause" when campaigning for re-election, Mayor Fiorella LaGuardia of New York City seized upon the reduction of the price of milk as an issue. It was hard to believe that such a staunch supporter of Organized Social Service would step on the toes of the allied "Milk Trust" In final analysis all of his Health Department appointees had been selected with the approval of the group. Some of the personnel of the Milbank Memorial Fund had been transferred to the payroll of the city and controlled its Health Department.

LABOR UNIONS SUPPORT THEIR MILK TRUST ALLIES

The situation puzzled informed observers. The explanation was soon forthcoming. In January 1938, LaGuardia announced that he would authorize the sale of milk several cents below the prevailing price in the city markets. A furor of public support was created. But the labor union allies of the Mayor and of the "Milk Trust" came to the rescue. Not in vain did the "Milk Trust" foster and stimulate the milk drivers, and other unions. They are means of maintaining at a high level the cost of milk distribution.

The "Milk Trust" distributes on a "cost plus" basis. It is therefore not at all loath to increase the cost of distribution of milk; for the farmer and the public pay the bill. That helps to explain, for instance, the long delay in replacing the costly and inefficient little horse-drawn milk wagons with auto-trucks. Examine the powerful trucks designed to carry only six or seven dozen milk boxes for a superlative lesson in waste and extravagance in distribution cost.

MAYOR LAGUARDIA'S FACE IS SAVED BY FRIENDS

The milk drivers, and allied unions threatened to call a strike against the independent milk dealers who would cut their prices. Thus the face of Mayor LaGuardia, the "champion of labor," was saved. By a fore-doomed gesture he moved to keep his campaign promise. By a handy ally his purpose was "frustrated." Mayor LaGuardia remains a champion of the poor and down-trodden, while canny "Milk Trust" grabs millions every month.

In the meantime another political milk issue loomed. Attorney General Bennett, seeking the gubernatorial nomination, reported correctly, that the Milk Trust was making enormous profits which they hid by juggling the books

of controlled corporations. The Social Service Racket and its allies were grieved and shocked. Bennett was not the Gubernatorial nominee. He was also barred from further access to the columns of the press.

"LIBERAL" PRESS AND THE MILK RACKET

The New York *Times* editorially hastened to suggest that this nasty report could not be right. It sympathetically suggested that Governor Lehman, of the National Dairy Products Lehmans, should appoint another one of those typical commissions of "impartial experts" to investigate away the Bennett report that was so "dreadful" in its truth.

The role played by the "liberal" press in raising the price of milk to the poor in the midst of depression has been a very interesting one. Prior to the appointment of the Loose Milk Commission, the New York *World-Telegram* strenuously attacked the plan afoot for raising the price of milk to the poor. For reasons that may most charitably be termed "policy," the *World-Telegram* suddenly ceased to attack the milk interests and reversed its position. It demanded the abolishing of loose milk and that meant raising of the price of the milk to the poor.

The magazine "The Nation" made little remonstrance against raising the price of milk to the poor until a social service henchman, John A. Kingsbury, was ousted from his position as Executive Secretary of the Milbank Memorial Fund. Thereupon it promptly discovered the heart-rending status of the poor infants of the city, deprived of milk by the ogre, the "Milk Trust."

It looks very much as if the "liberal" press also has its axes to grind; and that its liberalism is a sham and its subservience to the Social Service Rackets is complete and abject.

"NEW DEAL" FOR THE MILK TRUST

The lapse of the Pitcher Bill and of the Milk Control Board, which was permitted because they no longer served the purposes of the "Milk Trust," left the milk market open to free competition. The price paid to the farmer for milk rose, and the price paid by the consumer public dropped to as low as eight cents a quart.

A fair price for milk is not compatible with the interests of the Milk Trust. Various remedies were suggested, viz., that milk be made a public utility and that the distribution of milk be made a monopoly franchised by the community. Both of these suggestions would enable political manipulation and complete and absolute monopoly by the Milk Trust.

Refuge was sought in friendly groups in the Federal Government. The plan decided upon was the establishment of a joint Federal-State Marketing control. This would yield the advantages which Federal control of farm products offers to speculators and middlemen under the New Deal and its Agricultural Administration.

N. Y. STATE MILK COMMITTEE PROTEST OVERRIDDEN BY MILK TRUST PROXIES

This plan was proposed by the Borden-controlled Dairymen's League and the Producers' Bargaining Agency which it controls with Sheffield Farms. The New York State Milk Committee filed a brief protesting against the Federal-State Milk Marketing Orders, stating, among other things, as follows:

> "The dealer controlled co-operatives are the basis of the New York milk system that has developed into a racket. . . . These orders would make the nation and the State partners in the exploitation of the dairy farmers of the New York milk shed.
>
> "The Borden Company and the National Dairy Products are specified by the Federal Trade Commission as the dominating factors in fixing . . . arbitrary prices (of milk and its derivatives). Hence the proposed orders give them power to fix an arbitrary price for all milk sold in the metropolitan market.
>
> "The sale of milk under classification has had a trial for 18 years. It has dismally failed the farmers. It was devised by dealers for dealers. No audit has ever been made and no verification can be made at a permissible cost to protect producers. Cheating has been officially verified.
>
> "Our present system constitutes a trust. The absence of any provision for such a profit and loss accounting to producers in the revised Orders indicates an approval of the trustee's practice in refusing to make a full accounting of this trust. This omission alone we deem sufficient reason for rejection of the proposed Order. . . .
>
> "The Orders are devised to perpetuate the system that has already beggared the dairymen and ruined their industry."

Despite this protest the various methods of engineering elections, which are becoming ever more the vogue, prevailed in the "referendum" held on the matter in August 1938. The sham is clearly revealed by the fact that the Milk Trust was able to "induce" the farmers to sign proxies giving it the right to vote for them. The control of the milk industry is now lodged largely in the subsidized friends of the Milk Trust and the beneficiaries of Milbank "philanthropies."

PUBLIC AND FARMERS TAKEN FOR A RIDE

As soon as the Federal-State Marketing Orders were put into effect, the price of milk to the consumer was raised repeatedly. The price of milk rose dizzily from nine cents a quart to eighteen cents a quart within a period of about a year. For each successive rise in price another pretext was found.

After the milk price had made several jumps, the farmers eventually received an increase. The total extent of the rise in the price paid to the farmer only for fluid milk sold by the distributors, was about one cent a quart. But the consumer's price was raised six to nine cents from the level which it reached in a free and unrestricted market.

The farmer actually gained little or nothing by this price rise. For the consumption of fluid milk dropped because of the exorbitant price and the

milk "surplus" increased. The prices that the farmers received for the various categories of this milk drops in proportion to the rise in "surplus." Many farmers actually receive less for their milk under the new arrangement than under the old.

LAGUARDIA PROTESTS, BUT PLAYS BALL AS USUAL

Mayor LaGuardia protested ever so feebly, in the newspapers only, against the rising milk prices. But promptly he turned about and with the aid of his henchmen of the International Brotherhood of Teamsters, engineered another increase in wages for milk drivers who already received over forty-eight dollars a week. This resulted in a further rise in the price of milk.

Meanwhile his Deputy Health Commissioner, Sol Pincus*, on September 8, 1939, is reported to have made to independent distributors who refused to sign the agreement that raised the price of milk to the public the threat:

"The Mayor will know how to handle this matter."

To have the proper man in the Health Department is a great help to big milk distributors.

MILK TRUST PROTESTS BUT GATHERS SHEKELS

The New York City subsidiaries of the Milk Trust made a grand pretense of opposing the wage rise and published full page advertisements in the newspapers (June 30, 1939) in which they announced that they distributed 90% of the milk used in the City and that the price of milk was then 4% higher than at the 1929 peak. But the Trust secretly welcomes such increased expenses for several reasons. First, on a "cost-plus" basis, they pass on to the farmer all expenses of milk distribution plus a certain percent for their own services. Second, they pass on to the public a rise in price that generally is double the increased cost. Third, the price which they pay farmers for the increased "surplus" drops and the profits from it rise. Thus every rise in "expenses" means an increased profit to the Trust. In addition, increased costs mean destruction of competitors who cannot pass them on to their producers.

"NEW DEALERS" PLAY "DEUS EX MACHINA" BUT INDICT

The Government and the "New Dealers," who enabled the gouging of the public by the Milk Trust through the Federal-State Marketing Order, have been singularly silent on the matter of the tremendously increased cost of milk to the public. To delude the consumers and allay public opinion various empty gestures have been made.

Thus on October 18, 1939, while the Order was being planned, the Federal Trade Commission in a report to the Temporary National Economic Committee naively charged milk distributors with price-fixing. The Com-

* Deputy Commissioner Pincus is a member of the Advisory Committee for the Milk Equipment Manufacturers' Association. Another member of the Committee, Paul Krueger, chief sanitary inspector of the dairy section of the Chicago Board of Health, was indicted with Borden Company officers, for complicity in a nation-wide conspiracy and illegal combination.

mission made no mention of the fact that government agencies were enforcing price fixing for the distributors.

The Department of Justice drew up the formidable-looking indictment against the Borden Company and its subsidiaries, charging monopoly. Chicago officials were included in the indictment, but those of New York were omitted. No mention was made in the indictment of Lehmans' National Dairy Products Corporation which Secretary Wallace accuses of complicity in the monopolistic activities of the Milk Trust. Failure to include this group in the indictment was obvious favoritism, or malfeasance, or both.

The Jetter Company of Syracuse made a vain effort to force the government to extend its indictment to the New York groups. This limitation of the indictment to only one of the gruops involved and the Government's refusal to extend the indictment to its New York henchmen, raise the suspicion that there may lie behind it an element of purgend and a retaliation of the "New Deal" social service cohorts for the retirement of their ally by the Milbank Memorial Fund and for the failure of the principals of the Fund to adhere to the "party line" in the matter of Socialized Medicine.

The indictment was dismissed by the lower courts, but reinstated by the Supreme Court on appeal.

LAGUARDIA "FIGHTS" MILK TRUST

In January 1940 Mayor LaGuardia made another play to the gallery which will ultimately increase the profits of the Milk Trust, though pretending to strike at them. With a dramatic display of affected indignation, he demanded that Grade B milk be eliminated and only one grade of milk be sold at the price of Grade B. This had been urged upon him by the left-wing Milk Consumer Protective Committee which has well supported its officer, John A. Kingsbury. The Trust fairly howled at the losses which they pretended that they foresaw in the plan, much to the edification of a deluded public. The act boosted La Guardia's stock as a "liberal."

As might be expected, after the lapse of a few days, to permit a flood of publicity to stimulate the use of milk through a well-staged sham of acrimonious controversy, the Milk Wagon Drivers' Union Local 584 of the International Brotherhood of Teamsters and Chauffeurs, a creature of the Milk Trust, held a meeting that was well publicized by their employers, at which they protested that they were of the opinion that reducing the price of milk would put an end to delivery services and that the change would throw five thousand men out of work.

None of the members of the Committee or of the radical gallery, for whose votes LaGuardia was making a play, would dream of crossing the "party line" by stepping on the toes of any labor union, however racketeering it might be. For them labor unions are holy. Consequently it is safe to predict that the matter will be "arbitrated" before an "impartial" referee. And the Milk Trust will get what it planned from the start—a higher average price for a single grade of milk. This is the invariable technique. The public will play the role of sucker-spectator once again.

MEANWHILE LAGUARDIA BARS CHEAP FEDERAL MILK

Thus do the rackets play partners in leading the "forgotten man" a merry chase while picking his purse.

On April 26, 1940, the U. S. Department of Agriculture announced that Mayor LaGuardia had rejected its offer, standing since September 1939, to supply milk to folks on Relief at five cents a quart. During this period the Milk Trust, with the aid of the LaGuardia and Lehman administrations, had maintained the price of milk in New York at fifteen to eighteen cents a quart. A few bottles were sold to people on Relief in New York City, as related, at nine cents a quart.

Smugly Mayor LaGuardia announced that the reason why he rejected the offer of the Department of Agriculture was that

"NEW YORK CITY CAN NOT BEAR THE COST."

He also adopted his usual showman tactics of shifting the blame on

> ". . . two selfish, greedy large companies, and when I speak of lack of respectability in milk, I mean Borden's and Sheffield's."

LaGuardia did not bother to explain that the City had plenty of money to build and maintain Health Centers for the prime purpose of boosting the consumption of milk; and had turned over to the *"selfish, greedy companies"* the control of the Health Department and of other agencies which govern the price of milk.

The Department of Agriculture promptly replied with full proof of the falseness of LaGuardia's allegations regarding costs.

THE PITTSBURGH MILK PARTY

The Milk Trust and its pawns, the Social Service Racket and the puppet politicians attained their ultimate goal in Pennsylvania in the Spring of 1940. They succeeded in having the General Assembly of that State enact a bill compelling all Home-Relief families to purchase one pint of milk for each child. As a consequence, families on Relief are deprived of solid food because of dissipation of funds on milk, and a milk salesman's paradise was created. Reliefers nauseated and sickened on a surfeit of milk.

Unforeseen consequences followed. Pittsburgh housewives revolted and littered the County Relief Office with milk bottles, empty and full, which they had been ordered to buy. Maybe this spells the beginning of the end of the crooked tie-up of Milk Trust, Social Service Racket and politicians.

CHAPTER VII.

INSURANCE AND THE SOCIAL SERVICE RACKETS

THE METROPOLITAN LIFE INSURANCE COMPANY

THE Metropolitan Life Insurance Company has made "social service" and public health activities pay it handsome dividends. With their aid the Metropolitan has snatched bread from the mouths of the poor and hungry and has given them instead beautifully printed pictures of food.

The Metropolitan has been unique among the insurance companies in its ultra-liberal support of the Social Service Racket. The Metropolitan has sponsored and supported several of the key "social service" agencies, including the New York Tuberculosis and Health Association and its allies, and collaborated with the Milbank Fund. The directorate of the Metropolitan interlocks with some of them, and its roles in their activities have been dominant. The most active of the interlocking directors have been the late Vice-President Lee K. Frankel, Statistician L. I. Dublin, Vice-President Donald B. Armstrong and Jeremiah Milbank, director.

DIVERSION OF TRUST FUNDS OF POLICY-HOLDERS

Much of the monies of the policy-holders of this "mutualized" company have been expended in the support of Organized Social Service. This diversion of the policy-holders' money is of questionable propriety and legality. The officers of insurance companies, especially "mutual" companies, are in reality merely trustees of the policy-holder's funds. There is no record to indicate that this matter of diversion of insurance funds into the Social Service Racket was ever submitted to a vote of the policy-holders of the Metropolitan.

METROPOLITAN DENIES VOTE TO POLICY-HOLDER

My own experience indicates that the Metropolitan Life Insurance Company deliberately bars its policy-holders from voting for officers or participating in the conduct of their company by the simple device of not notifying them of the meetings. Several years ago I deliberately became a policy-holder of the Metropolitan for the purpose of attending an annual meeting. I filed a request with the Company that I be notified of the date of meeting. Notification was sent me one month after the meeting took place. Testimony given recently before a Senate investigating committee reveals that the votes of policy-holders have been fraudulently cast by the agents of the Company. The Company protested that it decries the practise. But in view of my experience, I can not see how it could obtain sufficient proxies or a quorum unless such proxy voting is a systematic policy. The administration of the Company is notoriously in the hands of a self-perpetuating, one can almost say hereditary, clique. In view of the character of that administration, it is diffi-

cult to understand how it has perpetuated its control except by the device revealed in the Senate hearings.

GROSS MISMANAGEMENT

Unless consent has been given by the policy-holders, the diversion of funds into these activities would lay the officers of the company open to the charge of conversion of funds. The impaired financial status of the Metropolitan would be materially better and its policy-holders safer if the enforcement of insurance laws had barred the expenditure of the Company's funds on activities which have no direct bearing upon the fundamental business of insurance—the distribution of death risks. It would not have been necessary for it to so completely "doctor" its statements and inflate its assets as the S. E. C. has reported. Dividends on the policies of these mutual companies, which are merely refunds of premium overcharges, would have been correspondingly larger. The net cost of insurance to the policy-holders consequently would have been lower if the company had not thus dissipated funds entrusted to it. Recent investigations of the T.N.E.C. have revealed how fictitious is the value of many of the assets carried on its books by the Metropolitan Life Insurance Company and how much of the policy-holders trust funds have been dissipated.

There might be a more active interest of policy-holders in the diversion of life insurance funds if they understood the true nature of their company and its function. It is not the insurance company that extends protection to its policy-holders. The policy-holders protect and insure each other by payment of premiums amounting to a sum sufficient to pay death claims in their age group, plus the cost of administration. The Company's funds are their funds, and its officers are theoretically their paid servants.

This brings up the question:

> "What justification or explanation can the officers of the Metropolitan offer their policy-holders for this diversion of insurance funds to the support of the Social Service Racket and its propaganda without the specific authorization of its policy-holders for which there is no precedent or counterpart in the annals of insurance?"

The insurance investigation of the first decade of this century stamped similar diversion of insurance funds as illegal and a violation of trust. The only justification then indicated as acceptable was the use of funds for the promotion of the business of the company in which the officers were given a free hand by charter. A study of the activities of the Metropolitan gives some insight into the matter.

"COFFIN MONEY" POLICIES

One of the most viciously deceptive forms of insurance is the so-called industrial policy. These policies are sold to the poorest elements in the community for unconscionably high premiums payable on a weekly basis. They permit the company to settle claims with anyone that it chooses, without regard to the beneficiary named, for the lowest sum that will be accepted without regard to the face value on which premiums have been paid. Or they may permit the company to invalidate a policy issued after medical examination

by its doctor for which payment of premiums has been made for years on the basis of statements correctly or erroneously made by doctors in "confidential" death certificates. The investigation of the insurance companies engaged in writing industrial policies by the Securities and Exchange Commission reveals that in the great majority of cases the industrial or "coffin money" policies provide absolutely no benefits. The policy-holders are generally unable to maintain payments on the policies. Most of what has been paid swells the coffers of the company.

The courts have castigated the "industrial policies" of the Metropolitan Life Insurance Company in no uncertain terms. Thus the Common Pleas Court of Allegheny County said in the case of Diggs vs. Metropolitan Life (vol. 70, Pittsburgh Legal Journal, p. 983):

> "We do not understand why people buy and pay for insurance of this kind. It is no doubt true that the clause in question . . . puts in the hands of the agents of the companies carrying on this sort of insurance a power which is very likely to be abused, especially if it be allowed that a payment of less than the whole sum is sufficient to discharge the company, as the agent will be likely to pay the party who is willing to take the least money. We cannot help but believe that a great injustice has been done . . . but we do not see how it can be remedied in view of the terms of the policy."

With regard to another clause in the policy, Percy E. Budlong, Official Reporter, United States Senate, states:

> "No one will claim that educated and experienced business men could be sold an ordinary life policy containing a binding condition of absolute freedom from precedent disease. . . . No owner of a building would warrant that there was no fire risk about his premises. Then why make the poor, ignorant industrial (policy) applicant warrant that he is and always has been perfectly healthy?"

One form of industrial insurance, the industrial endowment policy, was so outrageously unfair that its further sale was barred by law in New York State. It is probable that only the influence of the companies has averted the prosecution of some of their less savory activities.

METROPOLITAN'S INDUSTRIAL POLICIES HAVE VICTIMIZED POOR

This type of industrial life "protection" costs the ignorant poor of the nation (approximately fifteen million of them) about eight hundred million dollars a year. This sum amounts approximately to six percent of their income. During the past eight years of depression, of widespread misery and starvation, unemployment,marginal and submarginal existence of a large proportion of the populace, billions of dollars have been taken (or might one say filched?) from the purses of the poorest elements by the insurance companies in the form of premiums for industrial policies. This money has meant, in a multitude of cases, the difference between scarcely enough food for existence and near-starvation.

The Metropolitan Life Insurance Company has been responsible for foisting on the American public more of these "industrial policies" than any other of the sixty-six companies that sell them. It has sold almost thirty-four million policies with the total face value of more than seven and a half thousand million dollars out of a total number of eighty-eight million policies with a face value of twenty billion dollars written by all of the companies. In other words, the Metropolitan has been the company that has engaged most actively in the mean and vicious business of victimizing the poor and lowly with this spurious form of insurance.

The Metropolitan has fought bitterly for the pennies of its victims. Testimony given before the S. E. C. has revealed that so much pressure was placed on salesmen of industrial policies to increase their "take" of the pennies of the poor that some of them resorted to issuing policies on names taken from tombstones in order to maintain their sales record. An official of the Metropolitan acknowledged to the investigating committee that very high sales pressure was used in writing the policies.

The Metropolitan might well be ashamed of its "record" in this business. Its officers have refused to open its files to the investigators. Undoubtedly it has much that is ugly, to hide.

SOCIAL SERVICE AND RELIEF AGENTS ABET

In this disgusting business that deserves no higher ranking than the "numbers" racket, the Metropolitan Life Insurance Company has been helped most ably by Organized Social Service. Agencies such as Harry L. Hopkins' New York Tuberculosis and Health Association have been supported liberally by the Metropolitan from the moneys of these policy-holders and have been actual partners in the sordid enterprise.

Through the Insurance Adjustment Bureau, Organized Social Service and its Home Relief administration literally snatched bread from the mouths of the starving by compelling the unemployed to continue to pay out of their meagre relief allowance premiums on industrial insurance policies of the Metropolitan, the John Hancock and the Prudential Life Insurance Companies. The Relief authorities compelled the surrender of the policies of other companies and the collection of their cash surrender value as a condition for continued Relief allowance. The withdrawal of cash surrender value of the policies of competitors of the Big Three helped to embarass some of them financially. The following cases are illustrative:

> M—— a family, numbering seven, receive a Relief allowance of nine dollars per week. With this sum they must pay two dollars per month toward their rent, approximately three dollars for gas and electricity, an undetermined amount for heating their apartment, and to feed and clothe themselves. Also they must pay 50 cents per week, specifically included by the Relief investigator in the nine dollars per week relief allowance for the purpose, to the Metropolitan Life Insurance Company for an industrial policy. The insured children are chronically malnourished, and one of them is almost blinded by a food deficiency disease of the eyes. They cannot afford to eat meat or fresh vegetables, except at rare inter-

vals of two weeks to a month; but the Relief Administration, through its investigators, will allow them the fifty cents for payment to the insurance company and will not allow it for food. Cod liver oil, supplementing the diet, might aid in repairing the damages of this virtual starvation, but the Relief Administration seldom allows cod liver oil because of "lack of funds.

I———— a family, numbering six, receive eight dollars and forty cents per week for heat, gas, electricity, clothes, toilet articles and food. They carried industrial policies on the children in the Colonial Life Insurance Company. The Relief Administration would not allow them to pay for their policies, explaining: "It only works with such companies as the Prudential, the John Hancock and the Metropolitan."

The Metropolitan's support of Organized Social Service paid it high dividends during the depression.

HENRY STREET SETTLEMENT NURSES HELP METROPOLITAN INDUSTRIAL BUSINESS

Social Service nursing bureaus such as the Henry Street Settlement are used by the Metropolitan to help sell its industrial policies. The policy-holders are provided nursing care by the company, as a sales feature under the terms of a contract with the company which requires a report of the diagnosis of the ailment. To what extent these reports are utilized for the purpose of engineering lapses of industrial policies that have come to involve higher risks is subject to investigation. Similar reports of examinations made by the Life Extension Institute, a creation of the Metropolitan, could be used for the same purposes. The Henry Street Settlement is housed by the City of New York in its Health Centers rent-free and at the expense of the taxpayers. The Metropolitan made this nursing service a pretext for subsidizing the New York City Health Department with $550,000 of its policy-holders money.

METROPOLITAN BUYS HEALTH ADMINISTRATION INFLUENCE

For many years the Metropolitan Life Insurance Company has diverted its policy-holders' money to the purchase of some measure of control of public health administration and health departments throughout the country. Over a long period of time it has subsidized and paid the deficits of the American Public Health Association with its policy-holders' funds. Its officers have controlled the policy of the Association as its officers and interlocking directors. The Association in turn boasts of its domination of the public health administration and policy throughout the United States.

In the official Bulletin No. 136 of the U. S. Public Health Service entitled *"Report of the Committee On Municipal Health Department Practice Of the American Public Health Association"* is to be found official record of the Metropolitan's subsidy of the health service of the Federal government. It reads:

". . . the Metropolitan Life Insurance Company in May 1920 expressed its willingness to finance such an investigation (into the practice

of municipal health departments of American cities), *provided that the American Public Health Association would be responsible for the gathering of the information and for the preparation of the report.*"

HEALTH OFFICERS SUBSIDIZED BY METROPOLITAN RISE HIGH

A number of the employees engaged in that investigation subsequently rose to complete control of important health departments and public health teaching institutions. Professor C. E. A. Winslow, a sanitarian, of the Yale University School of Public Health, the staunch advocate of Socialized Medicine a la Bismarck and the English panel system investigated, with associate professor I. C. Hiscock, the health departments of Bridgeport, Hartford and New Haven. Dr. Henry F. Vaughan, assigned to the investigation of Detroit, Michigan, later became its health commissioner. Dr. John L. Rice, who was assigned to the investigation of the Albany Department of Health, is now health commissioner of New York City, for which position the Metropolitan Life Insurance Company was one of his endorsers.

PUBLIC HEALTH HAS LITTLE DIRECT BEARING ON INSURANCE RATES

The question promptly arises whether insurance companies are really vitally interested in public or individual health. This is partly refuted by the failure of other insurance companies to interest themselves in public health administration. Further refutation and explanation is found in a study of the nature of insurance.

As has been related, insurance companies do not insure the lives of their policy-holders. The policy-holders insure each other. The insurance company, whether mutual or stock, if honestly managed, merely collects and administers as trust funds the money necessary to defray the cost of payment of the insured amount to beneficiaries of those policy-holders that die plus the cost of administering the insurance. But no such honest administration of an insurance company is permitted by the laws which those interested in insurance have placed on the statute books.

Instead of basing their rates on the actual death-rate and cost of paying out death claims, the insurance companies fix their rates in accord with the infinitely higher death-rate which prevailed in this country almost half a century ago as compiled in the American Experience of Mortality, which has been subject to only slight revision. This means that under the legally established rates every life insurance company grossly overcharges its policy-holders. (The insurance companies may be forced to adopt a more modern table by a bill introduced in New York State Legislature.) A small fraction of this overcharge is returned in the form of "dividends."

METROPOLITAN REPORTS RATES FAR HIGHER THAN RISKS WARRANT

Thus the Metropolitan Life Insurance Company reported that in 1933 its death payments amounted to only half of the amount which would be ex-

pected on the basis of the above-mentioned table. But "dividends" during that year amounted to a few percent, a minute fraction of the overcharge.

This discrepancy in the charges made for policies and the actual cost of insurance is least in renewable term insurance, the cheapest and only strictly legitimate form of insurance. In this form the premium rate rises with each year of age in accord with the rising expectancy of death. All other forms of insurance embody this basic premium and mask it in a fixed annual charge. This is what Judge Brandeis meant when he wrote that in life insurance ". . . you get no advantage by starting early."

The discrepancy mounts in the forms of insurance that are falsely represented by the companies as combining "savings" features. These so-called "savings" are excessive charges for insurance, a large part of which the company confiscates and appropriates. If the insured wishes to withdraw his so-called "savings" he must pay interest on his own money or lose insurance for which he has paid; when the policy matures the amount of savings borrowed is deducted from the face value of the policy though the insurance element in the premium has been fully paid; and if he dies with insurance fully paid up the insurance company only pays the face value of the policy and confiscates the "savings." The companies actually delude the public into co-insuring their own lives while paying the company for the insurance. On no policy which has a "cash-surrender value" does the insurance company carry the full amount of the risk stated on its face and for which it collects premiums.

COMPANIES OPPOSE RELIEF OF POLICYHOLDERS' INSURANCE COST WORRIES

Many policy-holders, as a result of the depression, found their insurance costs excessively burdensome and a source of grave concern and mental anguish. Worry is known to cause impairment of health and shortening of life. Were the insurance companies interested in the health and lives of their policy-holders, they would make every effort to eliminate the source of worry which the high cost of insurance constitutes. Instead, they have made every effort to prevent reduction of insurance costs to their policy-holders.

Honest and competent insurance brokers undertook to aid the distressed policy-holders who could not afford to continue premium payments during the depression. They sought to help policy-holders by reducing their insurance costs and salvaging overpayments. The loss of the large profits which the insurance companies make on high-priced policies that are sold to policy-holders by high pressure salesmanship and deception greatly incensed them.

They waged war upon these honest brokers. They labelled the process which they recommended with the derogatory term "twisting." Lobbies supported by policy-holders' money forced through the legislatures of various states laws which were clearly unconstitutional, making "twisting" a crime. The insurance companies sought to brand as criminals, by laws so unconstitutional that they have never dared to test them in the courts, honest insurance brokers who sought to help their clients.

COMPANIES FIGHT LOW COST INSURANCE

The insurance lobbies, supported by the funds of the policy-holding public,

strenuously and consistently opposed any attempt to reduce the cost of life insurance to the public. The Brandeis plan, introduced by Judge Brandeis in the State of Massachusetts, reduced the cost of insurance to a mere fraction of the rates charged by the Metropolitan and other companies—in some cases by as much as 75%. This is accomplished by the writing of insurance by the savings bank. Overhead is reduced to a minimum. Brokers and their commissions are eliminated. No fantastic salaries are paid to officers. No funds are wasted on lobbies, on advertising, on the support of social service, or on any of the numerous devices employed by the large insurance companies in frittering away their policy-holders' funds. The savings are passed on to the policy-holders. The opposition of insurance companies to the plan clearly indicates how false and insincere is their pretended interest in the public.

In 1934, Senator Duncan T. O'Brien and Assemblyman Jacob H. Livingston introduced a bill in the New York State Legislature which proposed to give the residents of New York State the benefits of the Brandeis savings-banks type of life insurance, including its lower costs. It was vigorously fought by the insurance companies' lobby. The public was amazed at the spectacle of the savings banks, through the agency of the Savings Banks Association, opposing the extension of their business which the bill authorized. A study of the board of directors and officers of the savings banks serves completely to explain this phenomenon.

COMPANIES' FIGHT HELPED BY ALLIED FINANCIAL INTERESTS

Only one of the ten largest banks of New York, whose resources represent almost half of the resources of the banks of New York State, had no life insurance director on its board of trustees in 1934. Henry Bruere, President of the Bowery Savings Bank, was a Director of the New York Life Insurance Company, as were four other trustees of the bank. Frederick H. Ecker, President of the Metropolitan Life Insurance company, was also the first vice-president and trustee of the Union Dime Saving Bank; and the president of the bank and a number of its trustees were directors of the Metropolitan. They represent the Rockefeller-Morgan group that controls many of our leading insurance companies.

These interlocking directorates of banks and insurance companies also interlock with the directorates of Organized Social Service, with objectives and consequences which will be detailed presently. We have here the spectacle of three groups of employees of the public—social service, supported by the contributions of the public; officers and directors of the insurance companies, paid employees of the policy-holders; and trustees and officers of mutual savings banks, paid employees of the public depositing in the banks—conspiring and collaborating to fight and betray the interest of the public, their employers. The irony of the situation is accentuated by the fact that these "trustees" used the funds of the public, whose interest they were betraying, to accomplish their purpose.

The bill was defeated. Reintroduced in 1938, however, it eventually was passed, in spite of the insurance company lobby, thanks to newspaper support.

But the rates were fixed so high that the plan offers little real savings or competition to the insurance companies.

PROFITS ARISING FROM SUBSIDY OF HEALTH ADMINISTRATION

This brings us to the real purpose of the public health activities of the Metropolitan Life Insurance Company. The control of public health agencies and of health departments undeniably can serve to increase its business and profits.

Access to health department records can be very profitable to an insurance company. First and exclusive information on births enables its agents to be the first on the scene to write a "coffin-money" policy on the new arrival. Health department clinic records, reportable disease records, laboratory reports and death certificates are invaluable aids in depriving of insurance the estates of policy-holders. They can be quite as valuable in invalidating or in inducing lapse of policies as Life Extension Institute examinations could be.

Business leads can also be obtained from the records of the health departments. These files can be made available to a chosen insurance company, such as the Metropolitan.

ALTERED DEATH CERTIFICATES MAY HELP INSURANCE COMPANY

An interesting illustration of the possibilities of fraud on the part of insurance companies by falsification or manipulation of records through the control of the health department and medical examiner's office of a community is the case of Charles Klein. He was found dead in Central Park, New York City, on December 2, 1937. The post mortem findings clearly pointed to murder. The man had been struck from behind. He showed a fractured skull, a broken neck and eight stab wounds in the abdomen.

The newspapers announced the case as a hold-up, which it undoubtedly was. Within twenty-four hours, however, insurance companies discovered that they held about eighty thousand dollars of insurance on the man's life. Immediately pressure was brought to bear on officials of the Health Department and the Medical Examiner's office to have the diagnosis changed to "suicide." This would have enabled the insurance companies to evade the payment of the death claims. They might have succeeded, with the aid of some of the newspapers, if the absurdity of their claims were not so obvious that a storm of ridicule and protest arose at this clumsy and obvious attempt to defraud.

"CONFIDENTAL" DEATH CERTIFICATES SOLD TO METROPOLITAN

At the beginning of the LaGuardia administration Thomas J. Duffield, a statistician of the Metropolitan Life Insurance Company, was made Register of Records in the New York City Health Department. In 1938, Register

Duffield engineered the introduction of "confidential" supplementary report of causes of death, for the pretended purposes of scientific research.

In July 1939 it leaked out into the press that the Board of Health had authorized the sale of these "confidential" death certificates. The reader would scarcely miss guessing to what company this "confidential" data is being divulged. It is the Metropolitan Life Insurance Company. The matter had been put to a vote of the Board. Dr. Haven Emerson of the Columbia-Presbyterian Medical Center and Dr. John E. Jennings had voted against this breach of confidence. Dr. Thomas M. Rivers, former director of the Rockefeller Institute, and David M. Heyman of the Rockefeller-dominated social service and propaganda agency, the New York Fund, voted in favor of the plan on the ground that the Metropolitan's interest in the data was "scientific." Health Commissioner John L. Rice cast the vote that broke the tie and released that data to the Metropolitan Life Insurance Company.

It was announced that it was because of the Metropolitan's "scientific interest" in the data that the records were keyed with a code that distinguished deaths involving industrial policies and the date of payment of claims. These items are undeniably of great "public health" and "scientific" interest. Mr. Louis I. Dublin of the Metropolitan announced, in agreement with Dr. Rice, that it is *almost impossible* to identify the dead from the records, but they evidently agreed that it is not quite impossible. Mayor LaGuardia reported himself well content with the arrangement.

OTHER PROFITS OF HEALTH DEPARTMENT CONTROL

There are other possible sources of illicit profit to insurance companies from influence on health departments. The Metropolitan Life Insurance Company owns property, much of it dirty and unsanitary tenements in slum districts. It is notoriously difficult for tenants to force the Metropolitan to remedy the unsanitary conditions prevailing in its property. The health department administers the Sanitary Code and disposes of health violations.

The Metropolitan also has large investments in milk companies and a member of its board of directors is Jeremiah Milbank who, as has been related, dominates the Borden Company. The influence which health departments exert over the milk business and its profits already has been pointed out. The role played by the Metropolitan in barring the sale of loose milk and in raising the price of milk and milk profits in New York City has been related. In the resulting starvation of infants of the poor, no doubt some of the "coffin policy" subjects succumbed.

HEALTH DEPARTMENTS ADVERTISE INSURANCE COMPANIES

The advertising value of its health department tie-ups to the Metropolitan is incalculable. It undoubtedly accounts for much of the enormous toll industrial policies levy on the poor of the country. Health centers, baby health stations and health department clinics distribute the publicity matter of the Metropolitan, often exclusively. Occasionally the literature of two other in-

surance companies that specialize in industrial policies, the Prudential and John Hancock, slips in among the advertising pamphlets distributed by the departments. But health departments are usually curiously exclusive advertising agencies for the "coffin-money" policies of the Metropolitan Life Insurance Company.

METROPOLITAN RECOMMENDS "THREE MEALS A DAY"—

The advertising literature which the health departments and other social service agencies distribute for the Metropolitan deserves some comment. On its cover it invariably bears the advertising imprint of the Company. Milk is highly recommended as an essential food. The literature is expensively printed and often illustrated in color. "The Family Food Supply," for instance, bears on its cover a most appetitizing color-picture of foods that the family should have.

BUT DEPRIVES SOME FOLK OF THE WHEREWITHAL

These booklets distributed by the Metropolitan Life Insurance Company accentuate the irony of the situation. I have seen poor, semi-starved children who are industrial policy-holders of the Metropolitan examine hungrily the beautiful color illustrations of carrots and tomatoes and butter and eggs, which the company recommends as necessary for a normal, healthful diet. They cannot have those foods. The money with which they might purchase fresh vegetables must be paid as premiums to the Company.

Tens of millions of dollars of tax funds, appropriated by Congress for food, shelter, clothing and relief of the wretched victims of depression, have been diverted into the coffers of insurance companies allied with the Social Service Racket by the compulsory industrial premium payments of those on Relief.

This snatching of food from the mouths of the hungry is, possibly, the most flagrant of the activities of the Metropolitan Life Insurance Company. It reveals in clear-cut lines the real sincerity of the company's well advertised and publicized concern in public health. It stamps as utterly false the idea that the company is concerned with either health or the mortality rate of the insured. The sole concern of the Metropolitan and other companies selling 'coffin money' policies is obviously the profits of a ghoulish and sordid business that exacts an enormous tribute from the poorest elements, according to the S. E. C. findings.

METROPOLITAN ENJOYS CREDIT FOR NATION'S HEALTH

Most amusing to those who are informed, are the periodic pronouncements of the officers of the Metropolitan Life Insurance Company on the state of health of the nation. They carry out the Company's pretense of interest in public health and lead the public to believe that the Metropolitan is the fountain source of health. They always get prominent headlines and spreads in the newspapers. Their value as free advertising for the company amounts to many million dollars each year and undoubtedly helps to bring in business.

The S. E. C. investigation has stressed the high-pressure salesmanship methods of the insurance companies. It was related how some salesman "wrote

tombstones and lampposts," sending in bogus applications bearing the names found on them, to boost their sales records in response to pressure of superiors. In seven States and in the District of Columbia the S. E. C. found that a larger number of industrial policies had been issued than there were inhabitants.

THE METROPOLITAN FOUGHT SOCIALIZED MEDICINE—

In connection with its high-pressure insurance salesmanship the Metropolitan Life Insurance Company has come to the support of the alien propaganda of the Bismarxian "welfare" program and the various agencies involved in it. The Metropolitan has always been willing to strike up an alliance with any group that would further its business interests, however temporarily. It is apparent from the course of events that it has entered into alignment with the crackpot "social service" radical, subversive and alien propaganda groups primarily for this purpose.

Communism in Russia during the second decade of this century, gave impetus in this country to the movement for "socialized medicine" as an entering wedge for Marxian concepts. That this was the prime object of the agitation rather than any difficulty in meeting the cost of medical care, is obvious from the prosperity and high wages that prevailed at the time.

In 1919, when there were introduced into New York State Legislature bills for establishing a system of health insurance, they were fought with venom and vigor by the insurance companies as an encroachment upon their fields of business. The Metropolitan was in the forefront of the attack. Lee K. Frankel, L. I. Dublin and other officers of the Metropolitan gave volumes of evidence opposing the bills.

AND LOST ON HEALTH INSURANCE POLICIES

At about the same time as they were engaged in bitterly fighting the health insurance bill in the New York State Legislature, the larger insurance companies, including the Metropolitan, placed on the market health insurance policies. They made a vigorous drive for the business. Too vigorous, it proved to be.

Within less than a year, the companies discovered that, in spite of the relatively high premiums, calculated to yield fine profits, they were losing heavily on their health insurance business. Blame for the losses was placed upon the actuaries; the insurance commissioner was induced to order the companies to discontinue the health policies. The policies which had been issued were non-cancellable, and the companies were forced to honor their contracts. But when the contracts became too burdensome, because of frequent claims to the insured, the companies bought them back. Individuals who took annual vacations for their health and entered claims therefor were offered large payments for their contracts. On the other hand, individuals who were not awake to the value of their contracts and entered no claims were permitted to continue to pay premiums and retain their policies. The companies had failed in their effort to expand their business and profits in the direction of health insurance.

METROPOLITAN ESPOUSED SOCIALIZED MEDICINE

Undaunted by this experience, the Metropolitan Life Insurance Company continued to cast longing eyes at the great potentialities of profit which it envisaged in health insurance. It also sought to protect the purses of the public from the inroads of illness and medical bills that reduced their insurance purchasing powers. Workmen's Compensation Insurance and health insurance policies newly developed overseas as an outgrowth of the system of health insurance there in force, furnished the inspiration for new plans. The Company then reversed its attitude toward Socialized Medicine.

So far as can be determined, it was decided that health insurance could be made to pay on the following basis: instead of providing for monetary payments, as did the old policies, the new type of policy would merely furnish medical and hospital care. For such a plan to operate profitably, the companies must gain control of medicine and its organization. This means placing Medicine Incorporated at the disposal of Wall Street and of the companies, in the same manner as has been accomplished with Drug Inc. and with other professions. The potential profits might be a large share of the billions of dollars spent annually by the public for medical care.

DESTRUCTION OF PRIVATE MEDICAL PRACTICE NECESSARY FOR THE PLAN

In order that this plan might succeed it would be necessary to wean the public away from the medical profession. It was necessary to accustom them to the assembly line, mass-production type of medical care. For this purpose clinics, medical centers and hospitals have been developed on a vast scale, and the public have been lured into them for free or "cheap" medical services. In these activities "social service" organizations, whose motives might be less suspected by the gullible public, shared the limelight and acted as catspaws. Under the cover of the press censorship of medical news established by Organized Social Service, a persistent campaign of publicity was instituted as a "build-up" for mass-production medicine, and to sell to the public the idea of placing their health and lives at the tender mercy of Medicine Incorporated.

METROPOLITAN AND ALLIES GAIN CONTROL OF MEDICAL SOCIETIES TO FURTHER PLAN

The development of Medical Centers also served another purpose. It destroyed the private practice of medicine and progressively forced some of the medical profession into submission. Medical bosses who were willing to collaborate with social service and the companies were placed in charge of the institutions. Control of key medical societies and of Academies of Medicine was gained through contributions of funds and subsidy of medical bosses or "leaders" and by placing their own employee doctors in key positions. The New York Academy of Medicine's press censorship which was financed and controlled jointly by Organized Social Service and by the Metropolitan Life Insurance Company has helped this process.

Organized Medicine and Organized Social Service developed apace as partly competitive and partly collaborative rackets. As a result of their activities, private medical practice was progressively destroyed in New York and other large cities. At the present time, between 80% and 90% of the ill of New York City are being treated by physicians who are receiving no pay for it.

COMMITTEE FOR STUDY OF COST OF MEDICAL CARE A METROPOLITAN PAWN

With adequate stage-setting, the Metropolitan Life Insurance Company announced in 1927 that it was financing with its policy-holders' money, jointly with the Milbank Memorial Fund, a Committee for the Study of the High Cost of Medical Care. As is usual in this type of committee investigation, the character of the report was predetermined by the selection of its personnel. The predetermined report was the recommendation of "Socialized Medicine."

The insurance companies, especially the Metropolitan, anticipate great things from "Socialized Medicine." State Medicine plans which provide care only for people in the lower income brackets will advertise health insurance to people in the upper brackets. This business can be expected to prove adequately profitable to insurance companies foreign experience indicates. In Germany an expansion of the insurance business followed the development of the Krankenkassen form of State Medicine.

The insurance companies have already begun to ride the tide of security propaganda in their quest for new business. This is illustrated in the newspaper advertisements which began to appear shortly after the passage of the Security Act, reading as follows:

"SALESMEN

"Profit by Government Action

"The Federal Social Security Act providing pensions at age 65 is bound to greatly stimulate the sale of Retirement Annuity Contracts. These contracts *will supplement the small income provided* by the Federal Social Security Act.

"This new situation enables us to offer a real opportunity to high grade men to join our sales force and CAPITALIZE THE STRONG IMPETUS WHICH GOVERNMENT ACTION HAS GIVEN TO THE SALE OF RETIREMENT ANNUITY CONTRACTS."

The insurance companies expect that health insurance bills, such as those of Senators Wagner and Capper, which are drawn up as strictly class legislation for the proletariat and labor union elements, will prepare the way for their profitable entry into the field of sickness insurance among the group excluded by the bills.

SOCIAL SERVICE HAS TURNED ON ITS INSURANCE ALLY

Enough has been related to give some insight into the anti-social character of the "social service" activities of insurance companies and their allies. The companies themselves undoubtedly have been keenly awakened to this by the

customary treachery of their social service allies which has culminated in the recent "New Deal" S. E. C. insurance investigation and exposé. The releases made by the S. E. C. thus far have touched very lightly on the Metropolitan and other "mutual" companies, but have stressed the lush profits from industrial policies of the insurance stock companies. But the turn of the Metropolitan is coming.

THE PUBLIC CAN PROTECT ITS INTERESTS

It is the policy-holders' money that makes possible the great power of such companies as the Metropolitan Life Insurance Company with its four billion dollars of assets. It is in the power of the public to discipline the companies that have abused their trusteeship and powers and have victimized it. The Indiana boycott of the Borden Company by courageous physicians and an intelligent public illustrates the power of the public and its uses. There are effective methods whereby the public can take to task corporations which abuse their powers.

CHAPTER VIII.

PUBLIC HEALTH AND THE SOCIAL SERVICE RACKET

PUBLIC health work is one of the crowning glories of modern science. It is one of the bases of modern civilization. In its application of hygiene, sanitation and preventive medicine to safeguarding the health of the community as a whole, it has greatly prolonged the average individual span of life. It has made safe the concentration of a large population in the small compass of the modern city.

The penalties which disease levied on communities since time immemorial were many. Among them were epidemics of bubonic and pneumonic plague (the Black Plague of yesterday), typhoid fever, malaria, smallpox, yellow fever, epidemic syphilis and others. They are regarded by the modern community as much a part of ancient history as are the dodo, flintlocks or petticoats.

THREAT OF EPIDEMICS EVER PRESENT

It is difficult for the average resident of a city like New York to realize that less than a century ago epidemics of plague, cholera, yellow fever and smallpox periodically swept his community with a holocaust of death; or that within the past half century typhoid fever, malaria and cholera infantum swept through the community each summer, killing hundreds. New Orleans has almost forgotten epidemics of yellow fever, and San Francisco the plague.

These are the triumphs of modern science applied to the preservation of public health. This achievement has been accomplished by physicians and scientists who work privately in their offices and laboratories and as well as in the field. They have often been opposed or blocked by vested interests, by Organized Social Service and by Organized Medicine. At times they have been subjected to ridicule, abuse and persecution for their humane endeavors.

RECOMPENSE POOR UNLESS WORKER IS POLITICIAN

These doctors courageously brave death for slight recompense, or without thought of reward. They expose themselves and their families to the risk of health and life by contagion. Their average rate of pay in this country is less than that of street cleaners. At best, it is on a par with the pay of a moderately skilled mechanic.

On the other hand, there are some highly paid executives among them. Too often they are medical merchants engaged in public health work. And in no field of endeavor can they do more harm. Their prime function is to serve the purposes of local politics and to aid local business interests, often in violation of life and health of the community. Frequently they serve the ostensible purpose of their office only incidentally and secondarily to the more direct commercial purposes of their appointments.

CONVERSION TO SOCIAL SERVICE RACKET PLANNED

So secondary is the health function of many health commissioners and executives that Organized Social Service and the big business interests of New York City and New York State have actively agitated that social service henchmen who have no medical training should be made eligible to the highest offices in health administrations, including the position of Commissioner. They have written such a clause into the new Charter of the City of New York. Through the agency of the American Public Health Association the New York set-up is being made the model of health administration throughout the country.

The significance of this proposal is grave. It has been related how valuable, and how essential, corrupt or subservient health officers can be to businesses such as insurance and milk distribution whose activities touch on public health. This is the crux of the issue. In its essence, it is a conspiracy against the public and its health. In the furtherance of this conspiracy, public health officers especially those of lower rank, are barred from letting the public in on the secrets of their activities without the permission and censorship of superiors. To do so is called "disloyal."

The social service worker or layman in public health work, unlike the physician whose training is broad, is prepared to make his living only in health administration. He must therefore not only pander to groups that have political power and vital interests in health administration in order to get and to hold a position, but must continue to serve them well and to remain in their good graces throughout his career to provide for himself.

FULL-TIME LAY HEALTH OFFICER MOST VULNERABLE TO CORRUPTION

The lay public health officer is especially prone to the pressure of interests hostile to the enforcement of health regulations and the protection of public health. It is the vulnerability of the lay public health officer that makes him so desirable to Organized Social Service and its commercial allies whose interests are inimical to those of the public.

For the same reason they prefer that health departments be manned by full-time rather than part-time physicians. Part-time physicians have other sources of income and are therefore more or less independent. They are less likely to do things that violate public interests. They therefore are dangerous to dishonest and corrupt activities and groups; and strenuous efforts are being made to eliminate all part-time physicians from public health work.

PLOT SOCIALIZED MEDICINE

Public health officers are especially valuable for the plans of Organized Social Service to gain control of the medical business for the advantage of themselves and their allies, through a program of Socialized Medicine. The medical public health officers that are subsidized by the foundations controlled by the social service forces are serving them well; for every important public health agency and health department in the country is a focus for Bismarxian and Communazi propaganda. The acceptance of lay public health officers,

however, would open to the social service racketeer many high-salaried administrative positions under the system.

These facts explain the aggressive efforts of Organized Social Service to gain control of medicine and public health administration. Inasmuch as their activities in New York City are the pattern followed throughout the country, an examination of them gives insight into the matter.

DR. WILLIAMS AND N. Y. ACADEMY OF MEDICINE PLOT HEALTH DEPARTMENT CONTROL BY SOCIAL SERVICE AND ALLIES

The maneuver of Organized Social Service for direct control of health administration in New York was launched by Dr. Linsly R. Williams more than a decade ago. His position in social service and his numerous, lucrative positions and directorships interlocking social service, philanthropy, Milk Trust, Metropolitan Life Insurance Company, New York Academy of Medicine, New York County Medical Society, American Medical Association, American Public Health Association and public health administration have been recounted. His position in the matter was strategic; and he threw the full weight of his influence behind the effort to accomplish his purpose. At the back of the plan were the Rockefeller interests which Dr. Williams, a director of the Rockefeller Institute, represented.

Dr. Williams, in an official report issued in the name of the New York Academy of Medicine, urged the officials of New York City and State to abolish Civil Service rules for the personnel of the Department of Health. The pretext which he offered for his recommendation directly contradicted that which he and his group offered for making executive health positions eligible to laymen. In the latter case he alleged that public health work is a specialty which requires special training and capability. In the former he advised that actual public health work that directly affects the health and life of individuals be turned over to untrained medical students and young medical graduates who would be ousted as soon as they acquired some experience and replaced by another group of fresh graduates.

The plan provided that all Health Department executives are to be appointed by the Medical-Social Service Trust or with its consent, and are to be given full Civil Service protection. These executives are to be given absolute power to appoint and discharge summarily all the medical and public health personnel subordinate to them.

This plan to give full and direct control of the Health Department to such organizations as the Borden Company and its catspaw, the Milbank Fund, was held in abeyance because of political considerations. With the change of administration, the politically ambidextrous groups which secretly control the Department proceeded with their scheme.

PLAN EXECUTED DURING LAGUARDIA REGIME

Fusion brought a nominally new political regime into power in New York City. But Organized Social Service, the Metropolitan Life Insurance Company and the "Milk Trust" through its Milbank Memorial Fund continued

to dominate the Department of Health. This domination was carried to completion under the new regime, which was a notable victory for the chameleon politics of the organizations. Over a period of years, the employees of the Milbank Fund as well as allied agencies of the Social Service Rackets gradually have been transplanted to the payroll of the City to be paid by the taxpayers while they carry on the same activities.

The new administration of Mayor Fiorella LaGuardia, acting on the recommendation of the Milbank Memorial Fund, the Metropolitan Life Insurance Company and the Rockefeller Foundation, appointed as Commissioner of Health a former employee of theirs, Dr. John L. Rice of New Haven. He was totally unacquainted with New York or its health problems. But he was drawn from the School of Public Health of Yale University, which is dominated by the Rockefeller General Education Board.

The La Guardia regime is recognized as a pawn of the financial interests. Probably the greatest reward which it has given them is subway unification which has bailed them out of their subway investments which have been milked dry, while leaving them in control of the Transit Commission, preparing the way for a ten cent fare and for eventual return to them of the unified subway to milk dry once again. But there have been many others.

The new administration had adopted in its campaign a platform of economy. One of the departments which had been attacked most strenuously during the campaign was the Department of Health. Sanford E. Stanton in the New York *American* pointed out in an analysis of the expenditures of the Department that although it had been relieved of a large part of its activities by the newly created Department of Hospitals and of eight hundred thousand dollars for personnel salary, the personnel budget for the following year was increased by four hundred thousand dollars. This increase did not represent higher salaries for the wretchedly under-paid physicians who constitute the essential working personnel of the Department. It was chiefly dissipated on the salaries of additional executives.

PUBLIC HEALTH EXECUTIVES

The role of the "public health executive" of today, as has been suggested, is primarily to serve political, publicity and propaganda purposes. His knowledge of medicine may be very meagre, but he must be acutely aware of the side on which his bread is buttered. It is preferred by the powers that "executives" actually know little about medicine and be still less experienced; for such a person is more amenable and pliant. If the executive be a physician they prefer to choose a fresh graduate, who is utterly inexperienced and relatively incompetent. Such "executives" are paid fine fat salaries of three to ten or more thousand dollars a year, as compared with the meager pittance paid to the competent physicians who do the actual work.

It would hardly be an exaggeration to say that the Department has a great excess of highly paid executives, who are merely glorified medical clerks. They are a clan who waste public funds and fritter away their days in endless piffling conferences. They juggle meaningless statistics and draw elaborate graphs. They busy themselves with an exchange of senseless memoranda. To

demonstrate their importance as executives they glory in pushing desk buttons. Their chief interests are their jobs and their salaries. Their chief concerns are dotting i's and crossing t's. Their slightest concern is public health or life. Red tape flows through their veins. They are an expensive bureaucracy that thrive on inaction and delays, and paralyze service to the public. They are aristocrats among boondogglers.

MILBANK AND METROPOLITAN EMPLOYEES MADE HEALTH DEPARTMENT EXECUTIVES

In the first few months following the appointment of Dr. Rice, an active public display of economy was made by the Department. A few poorly paid subordinates were dropped and salaries, already inadequate, were cut about 10%.

In the following year, however, part of the executive personnel of the Milbank Fund appeared on the payroll of the Department of Health at salaries considerably higher than those paid to the old, experienced personnel. Mayor LaGuardia's announced pretext was the "success" of the Bellevue-Yorkville Demonstration.

Thus, we find there was taken over from the Milbank payroll, among a host of others:

Miss Amelia Grant, Director of Nurses of the Demonstration and President of the National Organization for Public Health Nursing, was made Director of Nursing, at a salary of $6,500 a year.

Dr. Margaret W. Barnard, Medical Director of the Demonstration was made Director of District Health Center Administration, at a salary of $6,500 a year.

Savel Zimand, son-in-law of the veteran "Charity Trust" boss, Homer Folks, and co-author of the highly deceptive and misleading publication *"Health Under The El,"* was made an Assistant Director of Public Health Administration, at a salary of $4,250 per year.

From other agencies of Organized Social Service and its allies were drawn other henchmen.

George T. Palmer, D.P.H., of the American Child Hygiene Association was made Deputy Health Commissioner and real executive head of the Department, at a salary of $7,000 a year.

Dr. Walter Clarke, of the American Social Hygiene Association, was made Director of Social Hygiene, from which he resigned to take a job at a higher salary with another government agency.

Mr. Thomas J. Duffield, of the Metropolitan Life Insurance Company, was made Register of Records at a salary of $6,000 a year. In this position he originated the "confidential" medical reports of the cause of death which have proved of so high interest to his former employers and are now being turned over to them.

EXECUTIVES ARE BLANKETED INTO CIVIL SERVICE

The henchmen of the Borden Company's Milbank Fund and of Organized Social Service now are all "full-time" employees of the Health Department.

They were all placed over the heads of experienced personnel who through years of service had made the Department's reputation. This illustrates the sincerity of Mayor LaGuardia's pronouncements made during his campaigns and his later wanderings about the countryside that he sought to make possible careers in public service by a system of promotions and rewards. The fine words and lip service to ideals have not sufficed to mask a crude spoils system. The Health Department has been made the political football of the Social Service Rackets and of their allies among the supporters of the regime.

Civil Service laws were violated in spirit, if not in letter, in order to place these executives and their friends forever in control of the Health Department. The laws were flouted and evaded in many manners to accomplish this purpose. A favorite device was to frame the requirements for the position in such manner that they fitted only the person to whom it was intend to appoint.

PRACTITIONERS IN ROLE OF "PART-TIME" HEALTH OFFICERS PROTECT PUBLIC

The Health Department has never had sufficient work to keep its medical personnel occupied as full-time employees. Enlightened public health administration that is not solely interested in prostitution of the health service, has always sought to have on hand a large trained medical personnel ready for service in emergencies. It has therefore adopted the policy of employing a large number of doctors on a "part-time" basis on the condition that they shall hold themselves at all times ready for "full-time" service when an emergency requires. This means that they have been paid on a "part-time" basis though subject to "full-time" duty.

Among the advantages which such a "part-time" personnel offers the community are the benefits which are derived from a wider range of experience than can be acquired in the humdrum routine of a health department; extension of public health and preventive activities more widely into the homes of the public through physicians trained in health work; and a saving to the taxpayer of the cost of "full-time" salaries in payment for the usual type of useless, boondoggling activities indulged in by "full-time" physicians to fill their unoccupied hours.

The subjugation and intimidation of doctors and other workers who are not entirely dependent on their Health Department jobs is as vital for the designing commercial interests as is control of the executives. These physicians are a potential barrier against complete prostitution of the Department to interests inimical to the public. They are feared even though it is attempted to threaten them into silence by regulations and talk of "loyalty"; for it is known that there are a few among them who are sufficiently independent and courageous to disregard the censorship, in the realization that it is designed to serve the violation of the interests of their real masters, the public. They brave the threat of being brought up on charges and of being dismissed, the usual penalty for protecting public interests and telling the truth. At times it appears that Civil Liberties do not exist for these workers.

PETTY PERSECUTIONS

Though the plan required ousting of all the experienced, "part-time" personnel who were supposedly protected in their tenure of position by Civil Service Laws, it was feared by the machinators that to do this abruptly and openly might arouse a storm of protest. For generally any onslaught on Civil Service by politicians bent on reestablishing a spoils system is resented by the intelligent element among the public. Resort was had, therefore, to ousting by devices of "policy."

These men were systematically harassed and humiliated, and turned out on the slightest pretext except during election years. The attitude adopted towards them by executive superiors was studiously overbearing. Sick leaves were stringently restricted and leaves of absence for study, research, recreation and travel were usually denied.

While other workers in the Department were given a five day week during the summer months, the "part-time" doctors were compelled to report for duty on Saturdays, even though there was no work to be done. In some cases a physician was compelled to stand outside a school building for three hours on a Saturday morning to "put in his time" and thus "remain on duty" for the day. He was required to swallow insult and abuse from mentally aberrant persons among his superiors and among the public; for complaints lodged by the latter were stored in files to be used as a pretext long after the incident had been forgotten and were no longer subject to investigation or disproof. He was required to work as an automaton, following orders and ignoring possibilities of real service to the individual patient and the public. The volume and consequent calibre of his work was fixed by statisticians. Above all else, was demanded silence regarding all that went on in the Department. As soon as he stepped forward to protect public interest he found himself a marked man.

With the advent of Mayor LaGuardia, who regularly expresses a rabid hatred of doctors, the status of these "part-time" Health Department physicians dropped even lower. He availed himself of the regulation of the Department which demands that the "part-time" doctors be available for service night and day the year around; and assigned them to night duty to force hotels to settle a strike called by a union. This was shortly after he reentered public service after spending a number of years as legal counsel for the spongers' union and in other private practise. At a later date he threatened to use doctors as strike-breakers in a strike called by an elevator and maintenance union.

LAGUARDIA RUSHED "WHERE ANGELS FEAR TO TREAD," AND SURRENDERED PUBLIC HEALTH AND ALL OTHER PUBLIC SERVICE TO THE SPOILS SYSTEM

When LaGuardia's career was regarded as a approaching its end, 1940, he undertook to defy public sentiment with regard to Civil Service and gave absolute and complete control of the Health Department to the Social Service Rackets and their allies by ousting all of the"part-time" personnel of the Department at one coup He did this by the simple device of refusing to

incorporate appropriations for their salaries in the City's budget. He has thus established a precedent for his liberal and Bismarxian friends and allies that matches those of Hitler, Stalin & Co. It can be used to destroy the entire Civil Service system, and if sustained, will undoubtedly do so.

The ousted personnel were assured that those under the age of forty and some of the others would be rehired at a lower wage, five dollars a day. This action was frankly and openly acknowledged to be designed to deprive the physicians of security of tenure of position, of pension, of sickness leave, of adequate vacation and of other privileges. As per diem workers, they will be entirely at the mercy of the puppet executives. This means to say that the control of public health will be completely vested in the hands of the very groups against whom the health and lives of the public should be protected.

"CHAMPION OF THE WORKERS" REVEALED AS WAGE CHISLER

An interesting side-light on the mental processes of liberals and Bismarxians is revealed by the incidents which preceded this action of LaGuardia's. The physicians involved were grossly underpaid on the basis of a wage scale established over half a century ago and never raised materially. Their hourly wage was less than that of the lowliest laborers in some cases. A law, the McCarthy Bill, was enacted in 1938 which gave the lowest paid Civil Service workers of New York City annual wage increases until a set maximum had been reached. One of these increases was paid to the doctors, indicating that there was no doubt on the part of the administration regarding the application of the law to them.

LaGuardia and his administration then seized on the pretext that these physicians were supposedly "part-time" workers to deprive them of the increases intended to raise their wage to something approaching fair pay. The courts ruled that this was a violation of the law and ordered the City to pay the increases. LaGuardia flew into a rage over this matter and sought to evade the payments through technicality. He later sought to justify his adoption of the spoils system in public health work on the basis of these wage increases that were a trifling item in the budget. The sham of this defense is made clear by the fact that he later added an item of one hundred thousand dollars that was several times the sum involved, for the hiring of per diem men; and then voted himself and his henchmen increases in their swollen salaries, in which they had accepted a reduction previously.

THE SUM TOTAL OF THE RESULTS WHICH WILL BE ACCOMPLISHED BY THIS AFFAIR FROM THE VIEWPOINT OF THE PUBLIC IS THAT IT AND ITS CHILDREN WILL NOW RECEIVE "SUPERIOR" MEDICAL CARE AT THE HANDS OF MEDICAL STUDENTS AND YOUNG GRADUATES; AND GROUPS WHOSE INTERESTS ARE DIAMETRICALLY OPPOSED TO THOSE OF PUBLIC HEALTH WILL CONTROL ITS ADMINISTRATION.

Mayor LaGuardia stated his professed motives for this in his message submitting the New York City 1940 budget to the Board of Estimates, as follows:

> ". . . the department will put part-time physicians and dentists on a per diem basis. This will result in *decreased cost* and *increased efficiency*.

This step it is felt will bring young, energetic and enthusiastic physicians to the fore in the department. . . ."

SHYSTER AND POLITICAL DOCTORS VS. SOCIAL SERVICE RACKETEERS

The hatred and contempt of Mayor LaGuardia for the medical profession has emerged as often as he has exulted, as in the quoted budget message, over the superior medical care which he alleges he has provided for the public Thus the blustering Mayor berated the members of the New York Academy of Medicine as swindlers, and, while assuming a Napoleonic pose, taunted them with the remark:

"I don't want the support of you abortionists, shyster and political doctors. . . ."

The doctors whom he addressed with these remarks were nevertheless called upon to render the "superior" medical care for which *he* claims full credit. In final analysis, puerile hatreds, however justified they may be, and sadistic attitudes are neither decorous nor do they improve the situation.

The diatribes against the medical profession and the injustice wrought upon the Health Department doctors have camouflaged the consummation of the prostitution of the Department to predatory commercial interests.

HEALTH CENTERS PROVIDE OFFICES FOR PRIVATE SOCIAL SERVICE AGENCIES

Following the model of the Milbank Bellevue-Yorkville Demonstration which has been standardized as the pattern of public health work throughout the country, community health demonstrations and health centers are being set up in many cities in the U. S. and in foreign lands where health administration is controlled by the same groups. The Centers provide free office space for many private social service agencies, thus leaving them more of the moneys which they collect to be spent in paying their own salaries. Most of these social service agencies give the public no material help or service. They merely give "precious" advice. That advice generally consists in referring the inquirer or victim to the Health Department or to some other social service agency. They can spend much time doing the latter because there exist about fourteen hundred social service agencies in New York City.

BORDEN AND METROPOLITAN BUSINESS BOOSTED

These Centers are great helps to the Milk Trust and the Metropolitan Life Insurance Company, for which they are model advertising and sales-promotion agencies.

In the Centers, milk and its consumption is intensively promoted by every device of advertising and publicity. There can generally be found conspicuously posted the false advice: "One quarter of the food budget should be spent on milk and dairy products." Milk sales agencies are maintained on the premises of some Baby Health Stations.

The promotion of the sale of industrial insurance policies is more discreet. A large proportion of the literature distributed in the Centers carries

the advertising matter of the Metropolitan Life Insurance Company imprinted on its cover. The posters which adorn the Center walls usually also are Metropolitan advertising matter. The Center houses the nursing agency, the Henry Street Settlement, for instance, whose services the Metropolitan offers to New York City purchasers of its exorbitant industrial policies. It undoubtedly is quite a sales-help to unscrupulous insurance salesmen to point out that the Health Department and the government itself endorse and support the insurance racket and specifically countenance the Metropolitan Life Insurance Company.

ABUSE OF PUBLIC

These Centers, however, do not serve the public nearly as well as they do the companies. The medical work which constitutes the pretext for their existence takes up a small fraction of the spacious structures of the model Centers. In order to fill with medical activities enough of the Center space to justify their existence to the public,the Model Health Department departs from the field of preventive medicine and engages in the operation of clinics for medical treatment, such as the treatment of venereal disease, of tuberculosis and others.

All forms of medical treatment, whether preventive or therapeutic, involve possibilities of complications which may require hospitalization. This is true of vaccination. It is also true of the production of pneumothorax, the process of collapse of the lung of the tuberculous; and is especially true of the treatment of venereal disease. The work should be done in a properly equipped hospital where a patient who collapses or develops complications may be put to bed and properly tended. Health Centers have no beds or hospital facilities. They cannot spare the room that is required for offices for the private social service agencies and their army of boondogglers.

SOCIAL SERVICE PROTECTS ITS BUSINESS

The situation raises the question:

> "Why are not all treatment activities, that are now engaged in by health departments, done in properly equipped hospitals?"

The reason is a very simple one. Social service, like medicine, specializes. Hospital social service and public health social service are two different specialties. To rationally combine the treatment activities of both in properly equipped hospitals would wipe out many "social service" jobs, and this the specialized Social Service Rackets as strenuously oppose as does the Medical Public Health Racket.

In New York City, Commissioner of Hospitals Goldwater has repeatedly pointed out the necessity for public safety, and protection health and life of housing all treatment activities only in properly equipped hospitals. He has also pointed out that municipal hospitals and their facilities are overcrowded and cannot secure sufficient appropriations; while the City squanders money on Health Centers that are converted to the uses of private agencies and are so little needed that many of the clinics established in them have had to close down because they cannot lure sufficient patients to justify their existence.

HEALTH DEPARTMENT WASTE HELPS BANKRUPT CITY

The agencies are strongly entrenched and their business allies find the Centers profitable. New Centers are being built by the dozen in New York and their cost is helping to bankrupt the City rapidly. The extravagance which he attacked in his campaign, LaGuardia has far outdone. In 1938 two million dollars was borrowed by the City for the construction of five new centers. A total of twenty-four is planned; and they will probably cost the City a total of about as many million dollars when completed and equipped. The cost of maintaining them will still further swell the Department's budget, which is now double what it was in 1918, for a small fraction of the public service rendered in that year.

It can be asked justifiably to what extent this dissipation of public funds has contributed to endangering the solvency of New York City with no balancing advantage to its citizens. On January 1, 1940, Mayor LaGuardia, after six years in office, announced to the City Council that the debt limit had been reached. Only to Bismarxian propagandists who seek government bankruptcy as a device "to hasten the revolution," could such a state of affairs appear satisfactory.

FUTILITY OF CENTERS

The absurdity of the pretense that Health Centers can benefit the public was made clear by a statement by Health Commissioner John L. Rice when introducing Mayor LaGuardia at the laying of the cornerstone of a new Harlem Center. He said that the center was badly needed because of high sickness and death rates caused by poor sanitation and housing in the district. Poverty and unemployment and malnutrition also might be included. The Centers obviously do not remedy the sanitary and housing conditions, poverty and malnutrition. On the contrary, they divert money from that needed purpose into housing useless private social service agencies at the expense of the taxpayers.

ESSENTIAL PREVENTIVE ACTIVITIES ABANDONED

The anti-syphilis campaign with its tremendous waste of public funds for drugs and treatment of cases that are neither contagious nor apt to benefit from the treatment has already been mentioned. The usual percentage of cases are being poisoned by these drugs and some are being blinded. But our public health officials are riding this current vogue in public health work to the limelight of publicity and prestige while the financial interests and their partners, the German Dye Trust rake in the shekels. The campaign consists of treatment rather than preventive health work, which is being neglected.

The squandering of health funds on the subsidy of the Social Service Racket and the maintenance of needless Centers and activities results in the elimination of vital public health activities because of lack of funds. Though the prevention of spread of disease should be the prime or sole purpose of public health administration, the New York City Department of Health within the past year has set the example of its abandonment in some directions. In particular, the Department now refuses as a matter of "economy" to

examine specimens of blood or feces for typhoid and dysentery submitted in connection with routine examinations of foodhandlers and camp employees for the purpose of preventing incidence or spread of these diseases. It has also dropped the routine examination of foodhandlers. The Department does accept for examination, however, specimens of cases who have succumbed to typhoid and dysentery. This means that it has abandoned the role of prevention of disease for that of diagnosis—it locks the stable door after the horses have gone.

DYSENTERY EPIDEMIC PERMITTED TO SPREAD

The dysentery situation accentuates the danger of this policy. Dysentery virtually had been wiped out in the northern part of the United States until several years ago. Faulty plumbing in two Chicago hotels, which resulted in a backflow of sewage through the water supply lines, and a number of hotel workers who were unsuspectedly suffering from chronic dysentery resulted in a epidemic of dysentery in the city. In order to avoid damage to the business of the Fair, the Chicago Health Department, headed by Dr. Herman N. Bundesen, hushed all mention of the outbreak of dysentery and failed to take adequate measures to prevent the spread of the disease by quarantining the victims. As a result, the disease has been spread to all parts of the country and epidemics recur each summer. Infection of foodhandlers and of dairymen, resulting in contamination of food and milk is now a significant factor in the spread of the disease.

MILK TRUST AND PUBLIC HEALTH TIE-UP IS WIDESPREAD

Dr. Bundesen and two of his subordinates in charge of milk inspection for the Chicago Health Department are included in the Federal indictment of the Borden Company and its subsidiaries. The charge made by the Department of Justice is monopoly in restraint of trade. This enables one to appreciate that the influence of milk companies on health administration is not isolated to any one community. In Baltimore, likewise, the Eastern Health District, a health demonstration of much the same character as the Bellevue-Yorkville Demonstration is subsidized by the Babies Milk Fund Association, a counterpart of the Milbank Fund, and directed by the staffs of Johns Hopkins Schools of Hygiene, Medicine, Nursing and Johns Hopkins Hospital. Such university ties are commonplace and are an index of the influence of the General Education Board and of commercial control.

A number of other incidents have arisen in recent years that have caused the public to ponder the menaces that private or commercial subsidy or control of health administration offers. Some of the most striking of them have occurred in New York City, which leads the way.

NEW YORK'S POLLUTED WATERS

The waters of New York Harbor have been polluted for many decades by sewage emptied into them by New York and surrounding cities of the Metropolitan area that have a population of over ten million; by the refuse of numerous factories; and by the dumping of garbage into them. The pollution has become so aggravated that the Harlem River and the East River have

become malodorous nuisances, and contiguous waters are dangerously filthy. Fishing grounds have been destroyed. Beaches within a radius of many miles of New York City—the playground of a sweltering populace in hot summer months—are littered with garbage and formed sewage.

Almost twenty years ago, this pollution had already become so grave a menace that Dr. George A. Soper, sanitary engineer at the head of an investigation into the situation by the Metropolitan Sewer Commission, issued the following warning:

". . . With New York Harbor's swiftly increasing, permanent increment of sewage, it is only a matter of time before the oxygen content of the water is reduced below the point where it can sustain natural, purifying action. WHEN THAT POINT IS REACHED, THE WATERS OF THE RIVERS AND HARBORS, AND ESTUARIES OF NEW YORK WILL TURN BLACK. THEY WILL BUBBLE INCESSANTLY, AND NAUSEOUS FUMES WILL SWEEP THROUGH THE CITY."

EUROPEAN CITIES FACED POLLUTION PROBLEM

When pollution of the Thames reached this stage, some decades ago, London had sustained serious consequences. Parliament committee rooms opening on the Thames had to be closed. The city was filled with noxious fumes, and many persons were overcome. Attempts were made to protect the law courts by covering the windows with sheets soaked in calcium chloride, a sort of large scale gas mask. Confronted with this situation, London rapidly built a sewage system which eliminated the menace.

Other European cities likewise faced similar situations squarely and promptly. The same is true of every large city in the Western World.

"Not a single one but has built a comprehensive sewage system—not one, but New York City," stated Dr. Soper.

POLLUTION OF NEW YORK WATERS ROSE HIGH

The Metropolitan Sewer Commission demonstrated in the second decade of this century that the New Yorkers bathing at their beaches were swimming in diluted sewage. By placing dyes in toilets in the financial district, they were able to trace that sewage to the bathing beaches. To the same sources were traced epidemics of typhoid fever. Dr. Soper, who was of the older school of public health officers—honest, fearless and taking the responsibilities of his position to the public and its health seriously—enunciated the dictum:

"Either the people or the sewage must be kept out of the water."

Almost twenty years later, in the summer of 1934, pollution of waters in the Metropolitan area had become infinitely worse. The Harlem River had long since fulfilled Dr. Soper's prediction, as had the East River. Bathers at the beaches about New York City were bathing in slightly diluted sewage, garbage and industrial wastes. Sinus, ear and mastoid infections, always painful and distressing and not infrequently dangerous to life, and skin and other bodily infections due to bathing in polluted waters, had become common-

place among the citizenry. There was little or no public comment on this situation by the various social service health agencies, such as the Milbank Memorial Fund, the New York Tuberculosis and Health Association, or the New York Academy of Medicine, though they profess that public health is their concern and the objective of their existence and some of them systematically panhandle funds from the public on that pretense.

NEWSPAPERS EXPOSE DANGERS OF POLLUTION

Some New York City newspapers, especially the New York *American* and the New York *Post,* manifested a laudable spirit of public interest. After subjecting the waters of the various beaches about New York to proper tests, the *Post* published a full report on extreme pollution of some which were certified as safe for bathers by the New York City Health Department. The newspapers demanded that those beaches be closed to bathers until the situation had been remedied.

The Department of Health, instead of welcoming the support of the press in the function of protecting public health, denounced the New York *Post's* data. The Department's officers refused to publish the results of their own examinations of the waters in question. This incident impressed many who are interested in questions of public health as regrettable, however justifiable it may have appeared to allay panicky fears.

STUNT ALLAYS FEAR OF POLLUTION

The Department undertook to allay fears that had been justifiably aroused and to induce New Yorkers to bathe in these waters. Dr. William Best, Deputy Commissioner of Health, in the company of a number of the executives of the Department, bathed for a few minutes before a battery of cameras and a host of newspaper men at one of the most polluted beaches—Coney Island. Some of the reporters noted that Dr. Best carefully avoided getting his head under the water, in which floated sewage, grape fruit peels and other garbage; and that some of the members of the party lacked the courage to enter the filthy waters.

Public confidence was restored in the polluted waters of Coney Island by this publicity. Vociferously protesting property owners and concessionaires were spared financial losses. At the same time, the waters of Canarsie and Jamaica, immediately adjacent, were condemned as dangerous. How much the public suffered from sinus infections, earaches, boils and possible lethal ailments as a result of bathing in the polluted waters is not known.

DEPARTMENT'S FIGURES VERIFY POLLUTION

Following this clownish exhibition, the Department was forced by legal action instituted by the New York *Post* to publish the results of its tests. The release of the data was ordered because the Department of Health had discriminated against the *Post* by releasing the data to the New York *World-Telegram,* which was aiding it in allaying public suspicion.

The official figures eloquently attested to the pollution of the beaches. The richness of the pollution of the waters was proved by the large number of colon bacilli present. They amply confirmed the published tests of the *Post.*

AUTHORITIES GIVE THE LIE TO THEIR OWN TEACHINGS

The New York City Department of Health, the "public spirited" New York Academy of Medicine and the American Public Health Association issued a joint statement exonerating the waters of Coney Island of the charge of menace to public health by reason of pollution. The statement alleged:

> "The mere presence in large numbers of feces, sewage and of the bacteria derived from the intestinal tract, the bacillus coli, does not endanger health; for the bacillus coli is not a virulent organism, but is one we all harbor."

In this statement, they erred in denying one of the accepted fundamental principles of the science of sanitation. This is stated by Professor M. J. Rosenau, in his textbook "Preventive Medicine and Hygiene" as follows:

> "The colon bacillus is usually taken as an index of pollution. . . . A water containing ten colon bacilli or more per c.c. should be regarded as grossly polluted and very likely to contain infection."

FEDERAL COURT THEN CONDEMNED WATER AS POLLUTED

A Federal Court condemned the waters about New York as dangerously polluted and ordered the three bordering states to stop draining their sewage into them. Pursuant to the court order, sewage disposal plants are being built to prevent future pollution. The situation is improving so much that clamming and fishing industries that were destroyed by the pollution are being revived in lower New York Bay; and the day is in sight when it will be possible for hot New Yorkers to bathe safely in the waters surrounding the town.

SALES OF "CONFIDENTIAL" DEATH CERTIFICATES

A more recent incident that raised considerable public suspicion is the sale by the New York City Health Department to the Metropolitan Life Insurance Company in July 1939 of data from physicians' "confidential" death certificates. The sale was arranged after it became known that the Metropolitan had gained access to this data and violent protest arose against it. As has been related, this suspicion was not allayed materially by the fact that these reports had been instituted by Mr. Thomas J. Duffield, an employee of the Metropolitan Life Insurance Company who had been appointed Register of Records in the LaGuardia health regime. There was freely voiced the fear that the data would be used for the purpose of defrauding beneficiaries of insured individuals. The Metropolitan nevertheless has continued to receive the data in conformity with an agreement drawn up in the midst of the storm between it and the City of New York by Commissioner Rice and the Board of Health.

PUBLIC HEALTH CAMPAIGN QUACKERY

High pressure campaigns to "wipe out" various diseases and conditions that continue to flourish long after the date assigned for their disappearance has aroused public suspicion as well as amusement. The campaigns against infantile paralysis, pneumonia and syphilis have been described. Other campaigns of this nature that have been waged during the past decade are those against noise and diphtheria.

These "public health" campaigns bear all the ugliest earmarks of quackery. They are generally engineered by high-priced publicity men and propagandists lent by the commercial enterprise that is to be advertised and stimulated, as in the case of the Diphtheria Campaign which has been cited. Financing for the campaign is also furnished by the company through a catspaw "philanthropy," or a misled bequest. Falsification of facts and figures to support these campaigns is "accepted practice." They have converted public health work to a form of publicly fostered medical quackery.

ANTI-DIPHTHERIA CAMPAIGN AND DRUG PROFITS

The anti-diphtheria campaign was represented to the public as the means of wiping out diphtheria, if the public would accept Schick tests and injections of various combinations of diphtheria toxin and anti-toxin, or of toxoids.

The public was not informed that the Schick test is not wholly reliable, and the "immunization" is even more unreliable. The truth with regard to these immunizations was deliberately suppressed when it was found that often the children in a family who were "immunized," and supposedly protected against the disease, succumbed to diphtheria; whereas the children who had not been "protected" escaped the disease.

The truth of the matter was that another factor was responsible for the drop in diphtheria. For a long time prior to this campaign the incidence of diphtheria had dropped steadily until it had approached the vanishing point. This disappearance of diphtheria could not be attributed honestly to the antitoxin because it had been in widespread use for many years before the disease began to vanish. Also, many cases that receive antitoxin nevertheless die.

A careful study of the situation reveals that the drop in diphtheria closely parallels the improved distribution of fresh vegetables and citrus fruits out of season, and their increased use. These products contain vitamin C, which is known to neutralize the diphtheria toxin and to protect against its poisonous effects.

Dr. Shirley Wynne, when Commissioner of Health of New York City, on January 7, 1932, addressed the Harvard Club at a luncheon called by Thomas W. Lamont, chairman of the Department's Diphtheria Prevention Commission, and made the following statement:

> "In another year we will have wiped out diphtheria completely in the City of New York."

In the last quarter of 1937, about five years after this hysterical and costly campaign, diphtheria claimed two hundred and fifty-three victims, of whom ten died. In the week ending March 19, 1938, diphtheria claimed twenty-five victims, with one death. Some children lost their lives because deluded physicians felt sure that the membrane which appeared in the throat of a child that had been immunized could not possibly be diphtheria.

The campaign had boosted materially the business of firms engaged in the production and sale of the diphtheria products involved. As a result of the campaign millions of doses of the material have been sold by a group of drug firms at surprisingly standardized prices which yield very high profits.

BELL LABORATORIES AND THE ANTI-NOISE CAMPAIGN

The Anti-Noise Campaign was launched to provide an outlet for costly sound-testing devices developed by the Bell Telephone Laboratories and the American Telephone and Telegraph Company. This campaign did not serve to create a sufficiently wide outlet for expensive audiometers and sound measuring devices. It was therefore dropped and the cities left with their noises and a few unobserved anti-noise ordinances.

A subsequently launched campaign for a survey of the hearing of school-children, a W. P. A. project launched with the support of the American League for the Hard of Hearing, proved a more profitable outlet for these instruments. The deaf children, however, have not benefited. For they are not given the advantage of the newer methods of remedying ear infections and of restoring hearing. It did make some business, however, for some medical merchants specializing in diseases of the ear and for officers of the League, the so-called "authorities" who led the campaign.

MENACING HEALTH PROBLEMS

Side by side with these absurdly but profitably ballyhooed health problems are still others that are neglected and ignored. Intelligent measures for the prevention of these imply initiative and foresight that are uncommon among public health officers who are equipped with adequate medical training. Of health officers who have no medical training and equipment, such foresight can not conceivably be expected.

THE MENACE OF LEPROSY IN NEW YORK

Leprosy, it may be safely predicted, will become an endemic or native disease in New York City if the present policy of its Health Department is continued. There are well over a hundred cases of leprosy in New York City known to the Health Department. There are many hundreds that are not sought out.

The New York City Department of Health refuses to isolate lepers except under conditions that will be related later. It says that there is no danger of spread of leprosy in the climate of New York. In view of the little that is known about leprosy this view appears to be open to question.

Though much is not known about leprosy, it is known that climate has nothing to do with its spread. Leprosy occurs as a native disease in the United States in the cool climate of Rhode Island as well as the warm climate of Florida, Texas and California.

Leprosy has been a native disease of Norway and Sweden since the days of the Crusades, when returning Crusaders brought back the disease from the Near East. The disease became widespread in the Scandinavian peninsula until the countries began isolating the cases in leprosaria. At one time it required several thousand leprosaria to isolate the lepers of Norway and Sweden.

LEPROSY IS NOT A DISEASE OF THE TROPICS BUT OF MALNUTRITION

Until less than a decade ago, the health officials of the Argentine and of Buenos Aires also insisted that leprosy would not spread in their climate be-

cause no lepers of native birth had been found. Suddenly they awoke to discover a host of native-born lepers in their midst.

It is only in the last several years that the factor underlying the development of leprosy has been discovered to be, as in tuberculosis, the nutrition of an individual. Japanese workers have shown that it is possible to transmit human leprosy to rats and experimental animals if they are first starved of vitamins. Starvation and avitaminosis have become so prevalent in New York and in the country at large that it can be expected reasonably that leprosy acquired from the sufferers who float about loose in the community will soon begin to appear among natives.

There are known lepers registered with the Department of Health of New York City who have entered the country from abroad to attend school or college. There have been found lepers in New York City working in food handling establishments.

LOCAL HEALTH OFFICERS DENY DANGER

The attitude of the health officers of the city is that leprosy is not contagious unless the patient has open lesions or sores on the skin; and it is only such cases whose actions the City Health authorities will restrict. The falsity of this position is revealed by known facts regarding leprosy. Leprosy bacilli appear in the sputum, urine and feces of lepers who have no open sores on their skins. The bacilli which they spread with their discharges and on their hands spread the disease among others. Like tuberculosis, leprosy may take a long time to show up in a recognizable form.

Lepers without open skin sores are quite as much a source of danger to the community and its health as are those with such sores. I recall a leper whom I found working in a New York City restaurant and bakery. He had no open skin sores. But I found his nasal discharges full of leprosy bacilli.

FEDERAL AUTHORITIES AFFIRM DANGER

The attitude of the United States Public Health Service toward leprosy is plain and unequivocal. The Office of former Surgeon General Hugh S. Cummings expressed the attitude of the Federal Government in the following letter to me on the subject:

0725-Josephson, Emanuel M.
TREASURY DEPARTMENT

Office of the Surgeon
General.

Bureau of
The Public Health Service
Washington
May 4, 1929.

Dr. Emanuel M. Josephson,
993 Park Avenue,
New York City.

Dear Sir:

The Bureau replies as follows to your letter of the 1st instant.

1. There is no Federal statute or regulation of general application that

requires the isolation of lepers. According to the information available to the Bureau, isolation is required or authorized by the laws of all the States except ten, among which ten is New York.

2. The Interstate Quarantine Regulations of the United States control the transportation of lepers from one State to another by common carrier, but not their passage on foot or in private conveyances. See paragraph 5 of the Regulations.
3. The Public Health Service favors the isolation and treatment of lepers and does all it can to encourage the health authorities of the States to commit to the care of the Service all leper patients found within their several jurisdictions. Some lepers, however, are more dangerous to the public than others. Much depends on the personal habits of the individual, but there is no doubt that those that have open ulcers are more dangerous than those that have not.
4. The Bureau is informed that alien lepers are deportable, unless five years have passed since they entered the United States.

Respectfully,

EBS:PM

Acting Surgeon General.

The Federal government, however, has no authority to force the Health Commissioner of New York City, for instance, to isolate lepers in that city. That can only be done by the government of the city and by arousing public opinion.

NEGLECT OF LEPROSY IS A RECKLESS ATTITUDE

The policy of the officials of the New York City Health Department goes back to a tradition established by a former chief diagnostician. It is possible that the opinion may be right. But the chances which it implies taking hardly seem warranted.

The experience of mankind since time immemorial indicates that leprosy is a dangerous disease in all climes; and that isolation of lepers is the only method of preventing its spread. Common sense and ordinary caution should impel the health authorities of such a large and cosmopolitan city as New York to take no chance on the basis of theories with a disease of so menacing a nature as leprosy.

It is sincerely to be hoped that public opinion in New York State, and in the nine other states of the Union which do not require the isolation of lepers, will be aroused in time, before leprosy has become widespread in this country as a result of a negligent and careless policy.

TRICHINOSIS CONTROL NEGLECTED

Trichinosis is a disease that is caused by eating pork infested with trichina worms. The pig acquires the disease by eating garbage containing scraps of infected pork, or more usually by eating dead rats that have been killed by trichinosis. The life cycle of the trichina is spent in three hosts—rat, pig and man. In each of the hosts the worms eat through the wall of the intestines, wander through the blood stream, and encapsulate themselves in the muscles of the body.

Trichinosis is characterized by an initial intestinal upset due to the release of the worms in the intestinal tract. This is followed by pain and stiffness in the muscles which is generally diagnosed "rheumatism." The disease may be dangerous and sometimes deadly, especially when the worms imbed themselves in the diaphragm and in other muscles of the respiratory apparatus and make breathing painful, or impossible without artificial respiration.

Though the diagnosis is generally overlooked, trichinosis is becoming widespread in the United States. Thus in San Francisco studies, post-mortems made on human muscles revealed that about a third of the subjects examined showed the disease. This means that the disease is assuming epidemic proportions.

Trichinosis is a preventable disease. If pork is cooked sufficiently long, it can be made relatively safe. Thus a four inch thickness of trichinous pork must be cooked about three hours; and for each additional inch in thickness, the meat must be cooked an additional three quarters of an hour. Such excessive cooking is apt to cause undesired changes in the meat.

Trichinosis could also be prevented if health authorities would prevent the sale of infested pork. But it is difficult to control the sale of trichina infested pork by inspection alone. Fortunately there has been devised a serum test that can be used to detect trichinosis in hogs before slaughter. This would eliminate the danger of trichinosis, but as one of the chiefs of the inspection service of the U. S. Department of Agriculture said,

> "would cause serious repercussions in the meat and packing industries."

And pigs are now more precious than humans in the eyes of some folks.

Much of the original work on this test was done in the New York City Department of Health by Lichterman and Kleeman. But for some reason that can only be surmised, no attempt is being made by the Department to use it for the control of trichinosis. The explanation offered by Health Commissioner Rice, according to the New York *Post* of October 26, 1939, is this:

> "We hope that some other city will take up the work. There should be more experiments under varying conditions in different parts of the country. We are letting the matter drift now, hoping for such a development."

In other words, folks may continue to ail and die of trichinosis until "George does it," or until someone forces the issue which is bound to be unpopular with the meat interests. If the same admirable attitude were adopted by health authorities with regard to every disease that has financial repercussions, life would soon become as short and insecure as in days of old. This is the spirit of ideal public health administration.

No doubt for the same reasons the sale of water-logged, or "pumped," meat, worm infested smoked fish, diseased chickens, and other spoiled foods is permitted by some health authorities.

PROBLEM OF MALNUTRITION NEGLECTED

Malnutrition has been levying a high toll during the years of depression. Especially is this true among the school children of the country. Among them

were found almost as severe cases of the starvation disease which causes swelling of parts of the body, known as "nutritional edema," as were to be found in middle Europe after the World War.

Especially severe have been the effects of this starvation upon the eyes of the school children. Among the diseases they developed have been day and night blindness, optic neuritis and a tremendous amount of nearsightedness. Wasting of limited funds on milk, in the belief fostered by public authorities that it is an adequate food, was a contributory factor.

Though the incidence of malnutrition was brought to the attention of the authorities, nothing was done about the matter. On the contrary, reports of malnourished cases were frowned upon as offering the danger of political repercussions and of raising suspicion with regard to the Federal Administration. The authorities preferred that these cases be regarded as in "fair nutrition." They even went so far as to say that there could be no malnutrition in times of depression because people had

"lots of time to think about food."

To save the good repute of politicians and of social service racketeers, children in multitudes were condemned to remain undernourished and sometimes starved. Only in 1936, after the worst period of want and depression had temporarily passed, did the Milbank Fund and its allies disclose that there was a nutrition problem among the children—*which it alleged required more milk to remedy.*

DANGERS OF CORRUPT OR SUBSIDIZED HEALTH ADMINISTRATION

These instances of disregard of major public health problems could be multiplied indefinitely. But enough has been said to reveal how menacing corrupt control of the health administration may be. This menace strikes many purses—as can be attested by the farmers who are forced by it to sell their milk at a loss to the profiteering "Milk Trust," and by tax-payers called upon to support such corrupt health departments. More important still, it endangers health and life.

The danger is great that what good work has been accomplished in the improvement of health by the medical and sanitation workers as individuals may be undone by health racketeering. Public opinion should be aroused and should promptly put an end to this menace of the Social Service Racket.

If the public were fully aware of the dangers threatened by venal or incompetent health officers through the betrayal of the trust of its health and lives to commercial interests—as by lax inspection of food and milk—it would drive out of office every health officer in any way under their influence. It would bar from appointment any health officer who is on the payroll, or even under the influence, of any of the pseudo-philanthropic, insurance or social service agencies.

The corrupting influence of subsidy of public health work, whether by direct monetary grant or through foundations, by individuals or corporations with axes to grind, should be barred in the interest of the public.

Above all the public must avoid permitting its public health administration

to fall into the hands of the medical education racket. For medical education is completely prostituted to the Social Service Racket, to bogus philanthropies, and to their commercial allies. Control of public health by universities and medical schools means indirect control by commercial groups, such as the Milk Trust, that are enemies of public interests.

HOW TO INSURE RELIABLE AND HONEST HEALTH OFFICERS

Public health officers should have real security of tenure of office under fair and honestly administered Civil Service protection. Evasion of Civil Service in health administration should be vigorously fought by the public in the interest of their health and lives. For only under such protection can men be expected to manifest the initiative and untrammeled courage that the protection of public health often requires. Especially assiduously should the public protect the freedom of speech of its Health Department personnel as a protection from conspiracy against its interests and health.

Only such men should be entrusted with the guardianship of the health of the community as are capable of earning their livelihoods in other manners than as health officers. For specialists in public health who are untrained in the practice of medicine or in another vocation must hold their positions to earn a livelihood and are highly susceptible to temptation and pressure.

Finally, the vital significance of public health work to our present mode of existence cannot be over-stressed. In the past, towns, countries and civilizations have been wiped out by epidemic disease. Upon the integrity and vision of health officers depends the very existence of communities. Politics and racketeering should have no place in it. If efficient health service is to exist, it must be honestly and fearlessly administered and waste of public funds eliminated. Excessive costs are sure to curtail or destroy health service.

It is safe to say that by elimination of high-priced drone and boondoggling executives, by abandoning waste and duplication of effort involved in maintaining treatment clinics in competition with the Hospital Department and by sound administration, the cost of the Health Department in a city such as New York could be reduced seventy-five percent while giving the public honest and superior health service.

WHAT THE PUBLIC AND THE MEDICAL PROFESSION MAY EXPECT IN THE WAY OF MEDICAL CARE AND CONSIDERATION OF OUR POLITICIANS AND THEIR COMMERCIAL ALLIES IS ILLUSTRATED BY THE SOCIALIZED, STATE MEDICINE WHICH WE NOW HAVE IN OUR HEALTH DEPARTMENTS.

CHAPTER IX.

THE "TENDER MERCIES" OF SOCIAL SERVICE

THE WORKMEN'S COMPENSATION RACKET

"FOR GOD'S SAKE, MISS PERKINS, TRY AND HELP ME GET THE MINUTES IN MY CASE. I HAVE LOST EVERYTHING IN THE WORLD. THE SHERIFF IS ABOUT TO FORECLOSE MY HOME. I'M CRIPPLED FOR LIFE AND I CAN'T GET A JOB."

THIS plea was addressed to Miss Frances Perkins, then Commissioner of Labor of the State of New York and now "New Deal" U. S. Secretary of Labor, by William F. B. Coston of Rahway, New Jersey, at a hearing on the fifteenth of April 1931 of Governor F. D. Roosevelt's Committee to Review Medical and Hospital Problems in Connection With Workmen's Compensation Insurance. Mr. Coston testified as follows:

> He had sustained an injury to his head four years prior while working. He was taken to a hospital on Staten Island and treated there four days, until the employer's insurance company notified the hospital that it would not pay the bill because it did not regard hospitalization as necessary for his case.
>
> With the consent of the Commission but in violation of the law, the insurance company hastened to settle fraudulently the claim for an injury that it knew to be serious for two and one half weeks' compensation. Two weeks later the injured man developed paralysis as a result of the neglect of his condition compelled by the insurance company's action.
>
> For four years the claim pended before the various appeal boards of the State Industrial Department. Impoverished, he was unable to raise sufficient money to secure minutes of the case required by the law to enable him to fight the resourceful insurance company sharps.

MADAME PERKINS REJECTED PLEA BUT INSISTED SHE AND LAW WERE PERFECT

The pathetic plea of paralyzed Mr. Coston fell on the deaf ears of Frances Perkins, the self-confessed revolutionist, the social service leader, the "great humanitarian," the intimate of Eleanor Roosevelt and the professional champion of the abstraction "The Working Classes." Proletarian sympathizers are apt to value workers in mass for their power to perpetuate their jobs and for their voting strength. The only individuals who command Miss Perkins' personal sympathy are such masters of votes and "outstanding leaders of men" as Harry Bridges and John L. Lewis; and for them she fights to the last ditch. She evidently values them more than the lives of thousands of refugees whom she off-handedly denies haven in this country at the behest of the autocrats of Labor.

To William Coston's pitiful plea for help in securing transcript of the minutes of his case in order to right a shameful injustice, Madame Perkins testily countered with the alibi that she had not enough stenographers in her division to help him. She had plenty stenographers to enable her to flood the country with reports of how well her Department was administered; but she had none to serve justice and help a tragic victim of its "perfection." Sensing in this plea an attack, la Perkins with true feminine inconsistency indignantly asseverated that the New York Workmen's Compensation Act was "the best in existence;" and her administration of it she defended as perfect.

It was quite clear that Commissioner Perkins evaluated the New York Compensation situation from the social service viewpoint. From that perspective it was "the best;" for it paid her the highest salary available in the field. It mattered not that in the administration of the law there had been introduced fraud and abuses on a widespread scale or that all the professed objectives of the law were frustrated. Despite thousands of cases like Coston's, all was perfect from the viewpoint of social service.

COMPENSATION LAWS WERE THE FIRST PRODUCTS OF BISMARCK'S PROPAGANDA

A measure of what benevolence the public can expect of social service and all its "liberal," radical and commercial allies is revealed in the administration of the Workmen's Compensation Acts. For these insurance acts were the first concrete results of the activities of Organized Social Service in the United States. This followed its adoption of the "Made in Germany" labor program and "New Deal," and its alignment with German propagandists of the International Association for Labor Legislation. It became a catspaw of foreign *agents provocateurs,* who were bent upon imposing on American industry the same items of cost as handicapped German industry. The formation of the American Association for Labor Legislation in 1906 marked its start.

Among the original founders of the Association were Richard T. Ely, Edward T. Devine, Mary K. Simkhovitch, R. O. Lovejoy, Mary van Kleeck and John B. Andrews. Later joiners were Frances Perkins, Harry L. Hopkins, John A. Kingsbury, Charles C. Burlingham, William Hodson, Ida M. Tarbell and Homer Folks.

In the following decade the social service forces of the country intensified their activities on labor legislation. They agitated and engineered the passage of Workmen's Compensation bills throughout the nation. Their agitation was crowned with success; forty-six states in the Union have adopted Workmen's Compensation Insurance Acts which are more or less uniform and standardized as a result of these "social service" activities.

PRETENDED OBJECTIVES OF "MODEL" LAWS

The pretended objectives of the Workmen's Compensation Acts were quite laudable. They included the following:

Fair, prompt compensation and competent medical care for the injured employee.

Elimination of the expense and delays of litigation.

Elimination of congestion of court calendars.

Stimulation of accident prevention.

Distribution of industry's cost of workmen's liability.

Elimination of the unwarranted burden which had been placed upon communities in the care of disabled veterans of industry.

In the drafting of the bills propagandists who assumed the guise of "liberal" professors of economics and "authorities" on workmen's compensation insurance, steeped in the lore of the original German model, helped to give the bills introduced the full destructive value to commerce and industry that had been anticipated by Bismarck. THEY WERE NOT DESIGNED TO BENEFIT EITHER THE WORKERS OR INDUSTRY; BUT TO INJURE BOTH IN THE INTEREST OF HANDICAPPING OUR INDUSTRY AND COMMERCE.

This is illustrated by the Workmen's Compensation Law of the State of New York enacted in 1914. Its administration constitutes a model upon which the laws of many states, as well as that of the Federal Government, have been patterned. Consideration of the consequences of the law, therefore, has a wide and valid application.

JUDGE TULIN ATTACKS THE LAW AND ITS ADMINISTRATION

The defective and unjust character of the Workmen's Compensation Act was made clear in an attack made on the law by a referee of the Workmen's Compensation Division, Justine Wise Tulin, when she was appointed New York City Magistrate, in an article that appeared in the February 10, 1935 issue of the New York *Times*. She stated that:

> The insurance companies employed a group of physicians who made a monopoly of Compensation practice.
>
> The insurance companies regarded the control of the selection of physicians as a means of controlling medical testimony.
>
> That the testimony of the physicians with regard to causal relationship between an accident and subsequent disability was closely correlated to the economic interests of those who employed them, and that the physicians did not hesitate to render biased testimony on the question of causal relationship and extent of disability.
>
> That the physicians thus employed refused to give adequate medical attention and ordered the injured back to work before they had recovered, in order to cut down compensation costs.
>
> That the control of medical care has been used by insurance companies to limit compensation awards, and not to keep down medical costs.
>
> That the physicians authorized by the insurance companies to treat the injured, and who were willing to aid the companies in defrauding the injured, were highly paid by the companies through the device of padded bills, and that the fees thus derived were split with corrupt insurance adjusters.

She pointed out also that the New York State Insurance Fund, "although a non-profit-making State organization, has considered itself in competition

with the private companies to such an extent that it has adopted the same devices, and has failed to raise the standards of medical practice."

Judge Tulin was one of the honest and principled referees of the Division. It is said to be the custom of the insurance companies to secure judgeships for the referees that can not be "fixed" and who therefore cost them too many costly awards. Her accusations are therefore significant especially in view of the importance of the law to industry and to the community.

INJURED LITTLE PROTECTED

Few of the pretended advantages to the injured worker have been attained. A majority of serious injuries are denied compensation through chicanery and fraud which generally revolve about the plea of "causal relationship," a practice created by the Commission. Many claimants are unmercifully thrown out of "court" and denied compensation which the law intended them to have; contested claims often take months and sometimes years before an adjudication is made, during which time the injured receives no money or compensation. In the meanwhile he is compelled to waste many days of his time attending futile hearings designed to tire his memory or to trap him into making some erroneous admission and possibly to confuse the presiding referee, in the hope that it will save the insurance company from paying any compensation.

INJURED DENIED COMPETENT LEGAL AID

In a very significant manner the practices set up by the Commission violate the letter and the spirit of the law. To eliminate chicanery and sharp practices, the law provides that the proceedings before the Commission and its referees shall be fact finding hearings instead of legal skirmishes. This section is more honored by its breach than its observance.

The injured employee of an insured employer is automatically deprived by the law of the right of trial by a jury of peers, clearly in violation of the Constitution. He is also deprived of the right of effective representation by an attorney, except at the will of the Commission, through its power to dictate legal fees. The fees generally allowed by the Commission, even though paid out of the award of the injured and a lien on it, are so small and inadequate that few competent attorneys are willing to handle compensation cases except as a matter of charity or accommodation.

The injustice of discouraging competent legal representation of the injured is made clear by the large volume of regulations, decisions and precedents accumulated about the law and its administration, and by their extreme, pettifogging technicalities. The insurance carriers are invariably represented by shrewd and unscrupulous agents who are experts in the law in all its ramifications and are supported by a costly legal staff that makes the law and its evasion its sole study.

COMPETENT LEGAL AID FOR INJURED IS DICTATED BY FAIRNESS

Fairness and honesty would impel the ruling that in every case which the insurance company chooses to contest, the injured *must* be represented by an

attorney who will be paid on the customary basis of a percentage of the award. In fairness to the injured, the insurance company and not the injured, as at present, should be compelled to pay the fee of the attorney and all costs including those of medical experts. The fee scale allowed the professional talent of the injured should be on the same level as that paid by the insurance company to its professional aids. This would do much to discourage needless appeals and litigation.

Theoretically, the lone and lowly-paid referee of the Commission, before whom the hearing is held, should be both the unbiased arbiter and the skilled advocate for the injured plaintiff. Rule 6 of the Industrial Board provides in part:

> "Where claimant is not represented the referee shall examine the claimant and his witnesses and cross-examine the employer or carrier's witnesses *on claimant's behalf.*"

It is clearly impossible to be a neutral, unbiased and non-partisan judge and a partisan attorney for the injured plaintiff at the same time.

BUT FAIRNESS IS NOT A FEATURE OF THE LAW

It is not meant to imply that there are not some honest, competent and public spirited referees in the employ of the Compensation Division of the State Labor Department. The standards of fairness and honesty demanded by the law of the referees, however, have not been very high. It was only in 1927, after the law had been in force for 13 years, that it was amended to bar physicians and surgeons employed in the Department from working for insurance companies while acting as referees and medical examiners. Prior to that time, it was not unusual for a medical examiner or referee to examine and treat injured persons for insurance companies whose cases they refereed. It is proverbially hard to serve two masters; and it is difficult to believe that there was no bias in the decisions of those referees in cases involving the insurance companies by which they were employed.

PERJURED EVIDENCE ACCEPTED BY COMMISSION

The amendment to the law arose from a flagrant case of bribery of a medical examiner of the Commission, who was caught red-handed in the process of fraudulently falsifying the report of seriously injured employees in the favor of insurance companies which had bribed him. Curiously enough, this same physician, who was discharged by the Commission because of this and other corrupt acts, continues to prowl about the corridors of the Department soliciting from insurance carriers the opportunity of testifying in their favor for high fees without regard to facts. In the past ten years this physician has been responsible for defrauding seriously injured employees out of many millions of dollars. Many of these injured have become charges of public charities as a consequence of his activities.

Repeatedly this physician has been brought before the Grievance Committee of the New York State Board of Medical Regents for frauds perpetrated upon injured employees. He was found guilty in at least one case and, though threatened with the loss of his license to practice medicine, he was let off with a warning. He continues to repeat the offense with impunity.

The Commission continues to accept his perjured evidence, and to deny compensation to seriously injured employees on the basis of his evidence. The physician in question complains that it cost him ten thousand dollars, on one occasion, to square himself with the authorities. Obviously he finds his practice a profitable one and his political allies must be influential. The insurance companies still hire him to do their dirty work.

The attitude of the Commission toward this physician and his type is expressed in a letter of former Commissioner Zimmer, replying to an injured employee who protested to the Commission that the doctor whom he had never seen before had falsely testified that he had examined him. The letter reads as follows:

> "Under the statute we cannot bar him from participating in examinations when employed to do so by carriers or claimants. Long ago the Department took necessary steps to be sure that he does not examine claimants, except when previously retained for the purpose. I am sure that your attorney, at least, will appreciate that neither the Commissioner nor myself can, with propriety, instruct the referees not to permit the introduction of Dr. S———'s 'expert testimony.'"

The credibility of the witness in question could be destroyed in any court. But in compensation practice his evidence is accepted at face value by the referee and the Commission though they are fully aware of the witness' dishonest and disreputable character and activities. On the basis of his evidence, which often is known to the referee to be perjured, numerous injured workers have been defrauded out of compensation awards.

"CAUSAL RELATIONSHIP" A FRAUDULENT DEVICE

In order to secure any award from the Commission, the injured must prove "causal relationship" between the accident and his injury. The proof of "causal relationship" devolves on the injured. It does not suffice to prove that he was healthy and sound, and capable of doing his work immediately before the injury, to prove that an accident occurred which was promptly followed by an injury, and that the injury was promptly followed by disability. Even when the injured can completely prove all these points, "casual relationship" has not been fully established to the satisfaction of the Commission. He must be able to prove that the injury might not have occurred as a result of bodily disorders or as an act of God.

INJURED "GUILTY, TILL PROVED INNOCENT"

The injured is further handicapped by the adoption of the administration of the attitude that the injured is guilty of malingering until he proves himself innocent. This attitude had been eliminated from American jurisprudence until introduced into many phases of law administration by the "liberal" and "New Deal" agencies. This practise is good proof of the alien origin of the "reform."

The presumption of guilt of the injured is as powerful an influence in the disposition of the case as it is absurd. No consideration is given by the Commission to the fact that it would be stupid for any sane person to malinger.

For he cannot possibly profit by it. The awards under the Compensation law are only a fraction of the wages of the man when he is uninjured and able to work.

Clearly this practice is merely a device to defraud the injured of compensation justly due, in the great majority of cases. The Commission and its referees usually disregard the provision of the law which states that aggravation of a previously existing disability is compensable. Abuses are especially frequent in cases involving serious and disabling injuries to the eyes and damage or loss of vision.

PROOF OF "CAUSAL RELATIONSHIP" DEPENDS ON MEDICAL OPINION

The proof of "causal relationship" under the practice evolved by the Commission, is entirely based on *opinions* expressed by physicians who testify either as medical attendants or as experts. They are generally elicited as responses to hypothetic questions, asking the physician whether *in his opinion* specified injuries could occur under specified circumstances and whether such injuries could cause the disabilities in question. These questions are drawn up with due regard to the rules of evidence and often with an eye to suppressing the truth. A favorite trick is to demand a "yes or no" answer.

Hypothetic questions are a part of the chicanery of the law. But they are downright dishonest when used in these medical cases. For they imply an omniscience which neither the medical profession nor any of its members possess. There is so much that is not known about physiology that it is utterly impossible for any honest physician to say that any disease or physiologic derangement may or may not follow on any specific injury. The honest physician can merely testify that in his knowledge or opinion the consequences of a specific injury are usual or unusual. If he says more, the physician is either stupid or he lies.

In final analysis, the only positive proof that an injury may occur under specified circumstances or may cause a specific disability is the fact that it has done so. The opinions of doctors that it should or should not have happened do not alter the fact that it has happened. It merely proves the limitations of medical knowledge and of the experience of the physician. Nevertheless, it is on the basis of such false medical testimony that the disposition of compensation cases generally depends. And it is the habit of the referees to give greatest weight to the evidence of doctors favoring the insurance companies, no matter how disreputable they may be.

CONTROL OF MEDICAL CARE IS FAVORITE DEVICE FOR DEFRAUDING INJURED

Since the granting of disability compensation depends almost entirely on the reports and opinions of doctors, the importance of control of doctors treating injured workers to insurance companies intent upon fraud is readily appreciated. Under the original version of the law, the employer nominally chose the physician or institution that cared for his injured employees. In actual practice the insurance companies generally intimidated the employers to

select physicians in their employ or chosen by them. With the aid of the Commission and its administration of the law, the insurance companies developed numerous technical devices to discourage or bar doctors not under their control from treating the injured. Physicians who had not "authorizations" drawn up in technically proper form were denied payment for their services.

How far the referees went in this matter was illustrated by a case which I witnessed about a decade ago. The referee denied the small bill of a competent ophthalmologist because the employer testified that he had ordered his employee suffering from a serious eye injury, to go to the corner druggist for medical attention. This jeopardized the eyes and vision of the injured and violated the Medical Practice Act. The referee ruled that the employer had provided "adequate medical care," and denied a fee to the physician who had saved the man's eye.

LOW FEE SCHEDULE IS REJECTED BY MANY PHYSICIANS

The low medical fee schedule which the Commission allows under its interpretation of the law discourages many physicians, thus leaving the field to men chosen by the insurance companies to whom they generally agree to pay more liberal fees.

The Commission has fixed the fee scale at the level of clinic fees. The consequence thereof was that the majority of competent physicians refused to render service to compensation cases. Some idea of the inadequacy of the fee scale can be gained from the fact that it is no higher than prevailed one hundred and fifty years ago. Even these inadequate fees, the private physician often fails to get or gets only after endless delays and waste of time that involve considerably higher loss than the sums involved.

BUT EVEN THOSE FEES MAY NOT BE PAID

An endless array of technicalities stands between the doctor and his fees in these cases. He must have a legally valid "authorization" from the employer that has not been revoked in the interim. He then must have filed several reports of the case with both the insurance company and the Commission, which must be made under oath before a notary and placed in the files of the Commission in a manner that does not permit denial of receipt within a specified time after the injury. For the denial of the receipt of the report on time may constitute grounds for rejection of bills for medical services. The Commission does not acknowledge the filing of such reports, as is done by the courts with other legal documents. There are cases on record of the theft of sheaves of medical reports by representatives of insurance companies for the purpose of barring claims for compensation and medical fees.

The doctor must then appear before the referee in reply to subpoenas at numerous hearings which generally involve the loss of practice and income, for which he was not paid. These hearings generally are repeatedly adjourned by the referee at the instance of the insurance company representative. This is done for the purpose of tiring out or "shaking" the doctor and the injured.

At the hearing the physician is badgered by attorneys of the insurance company with endless legal cross--examinations which, with the demand for "yes or no" answers, are generally designed to subvert and suppress the truth and to destroy the case by some legal technicality.

In the end, after averting all the traps and pitfalls that beset the way, the physician often never receives payment of his fee even though the Commission grants compensation to the injured. After years of effort on behalf of the injured, a physician was denied his fee by the Commission on the technicality that the employer had agreed to pay it in his original authorization and request for treatment. This the Commission interpreted as a contract and it therefore denied its jurisdiction. When an attempt was made to take the case before the Courts, it was found that under the law the agreement was not a contract. Therefore by chicanery of the referee the fee for years of service to the injured could not be collected either under Compensation or civil law.

MORELAND COMMISSION REPORT OF ABUSES

The consequence of the dishonest and incompetent administration of the law has been corruption and fraud on a wholesale scale and the perpetration of the grossest brutality and malpractice on the injured. This is borne out by the findings of the Moreland Commission, appointed by Governor Franklin D. Roosevelt, in 1931, to investigate the administration of Workmen's Compensation. It reported that the majority of compensation cases fell into the hands of commercial compensation clinics of the lowest order.

The State Industrial Council reported in its investigation of the compensation clinics, which was instituted primarily for the benefit of the business of voluntary hospitals that had suffered severely during the depression, as follows:

> "We have found clinics located in unsanitary tenement houses in space wholly unsuitable to the purpose, dark, ill-ventilated and with floors, ceilings and walls wholly incapable of being maintained in the condition of cleanliness required of a surgical establishment.
>
> "Aside from the suitability of the quarters occupied, we have found apparently complete disregard of ordinary standards of cleanliness. As an instance of dangerous equipment in use, we found an X-ray apparatus entirely devoid of any protective screen."

The Chairman of the Committee, Mr. Max Meyer, reported to Commissioner Frances Perkins in further detail. Compensation clinics were found in charge of lay secretaries who gave all routine treatment and summoned the doctor only in emergency. Patients were treated without regard to asepsis.

"It was as if Lister and Pasteur had never lived," stated Mr. Meyers.

FRAUD IN FEES

These clinics generally were rendered profitable to their proprietors as a result of collusion with the adjusters of insurance companies, involving the payment to them of graft or of a percentage of the bills allowed by them. A number of insurance adjusters have been prosecuted and sent to jail in recent years for defrauding their companies. There is now pending in Brooklyn

an indictment of a group of employees of the New York State Insurance Fund alleging wholesale frauds perpetrated by them.

There are a few physicians who engage in compensation work who have remained scrupulously honest. But the majority of them have matched the injustice and fraud of the Workmen's Compensation Commission and the insurance companies, and have resorted to padding bills, falsifying records and other fraudulent practices. The situation has been aptly depicted by Assistant District Attorney Bernard Botein of New York in his report of November 1937 to the Appellate Division and the Bar Association on accident fraud. He blamed not only the insurance men who had been indicted but insurance companies in general. He reported that their unfair and unethical opposition to payment of legitimate claims make exaggeration of claims a practice acquiesced in by both sides.

THE BUSINESS OF GOUGING OUT EYES

The grossness of the brutality and malpractice that has arisen under the law and its maladministration is illustrated by the following case.

> In 1927, one of my patients, L——— M———, sustained a severe lime burn in one eye. Treatment was being rendered by me under proper written authorization by the employer. The insurance company involved did its utmost, as is the usual practice, to induce the injured to leave my care and accept the care of its physician, but he refused. Finally a representative of the insurance company approached me with a proposition: Since the treatment of the injured eye would be very prolonged and expensive, and it was obvious that, even after treatment was completed, one could not feel certain that the man's vision would be better than ten percent, the insurance company would be compelled to pay for the loss of the eye, as well as an additional sum for facial disfigurement. If I would remove the eye without regard to the possibility of recovery of vision, he offered to pay me half of the estimated resultant savings in hospital and treatment expenses. Gouging out an eye was for them simply a matter of profit—dollars and cents. This case makes one shudder to think of the injured victims of some physicians controlled by the insurance companies who are compelled to do as bid, instead of ordering the adjuster off the premises, as I did.

DELAYS OF COMPENSATION

Prominent among the advantages which Organized Social Service and its propagandists represented as offered by the Workmen's Compensation Act were elimination of legal delays and prompt payment of disability allowances. These have failed to materialize.

The delays of Compensation procedure dwarf court delays, have involved great hardship on the injured. Often they have meant neglect of treatment and sometimes death. In cases of serious injuries, years might elapse before the injured have received a penny disability allowance, if ever. Hearings have been adjourned for months, and sometimes for years. Usually the testimony has not been transcribed unless paid for. When made they have been in-

accurate and often falsified, particularly in the matter of testimony favorable to the injured.

HONEST PROTECTION OF RECORDS DENIED INJURED

All the safeguards which surround testimony and records in the courts—non-partisanship of the judge, accuracy of records and their transcription and safekeeping, representation by competent attorney—have been denied the injured by the Compensation Commission.

This has aided materially the perpetration of frauds by the highly skilled legal representatives of the insurance carriers who are bent upon taking advantage of the numerous technicalities of the law. In minor cases, which involve little or no expense to the insurance companies, there is usually little contest. But in serious cases, involving loss of life or incapacitating disability, the insurance companies avail themselves of every subterfuge of the law.

DELAY AND CHICANERY PRACTISED

Repeated rehearings are held on the same phase of the testimony. At each hearing the skilled representatives of the insurance companies seek to break down the evidence of the undefended, injured claimant and to tire out his witnesses. Not infrequently evidence giving proof of the accident may not be called for until months or years have elapsed. In the meantime, pressure is brought to bear upon witnesses, and fellow employees are bulldozed and coached into rendering testimony favorable to the employer and his insurance carrier.

If the injured be granted compensation by the Commission, appeals involve interminable delays. The insurance company is encouraged to appeal. The injured is discouraged and lacks resources. In cases which have been pending for seven years or more, awards are not paid by the insurance company (except a nominal fixed amount) but are paid by the State from a special reserve fund, thus encouraging delay.

When an award has been granted by the Commission not infrequently it has been for but a fraction of the amount which is due the injured under the law. Thus if he has suffered from blindness and slight facial disfigurement as a result of his injury, a nominal grant is made for one and not the other. Hearings are permitted to drag out. The repeated hearings result in loss of workdays and so often threaten loss of employment that the injured prefer to neglect them and hold their jobs. Upon this the insurance companies depends for defrauding many injured.

OFFICIAL STATISTICS THAT HIDE TRUTH

The Workmen's Compensation Division publishes a veritable avalanche of statistics prepared by its ample statistical staff. But by a most curious chance, it does not publish any statistical analyses of the cases denied compensation detailing the nature of injuries which they sustained, the reasons for denial of compensation, the time which elapsed between the filing of claims, their settlement, and the payment of compensation. There is no data more vital for an evaluation of the administration of the law.

A request forwarded to the Director of the Workmen's Compensation Division for a statistical analysis of rejected cases brought the following reply, under date of December 10, 1935:

> "In reply to your letter of November 29th, I wish to advise that we do not have a statistical analysis on which claims have been denied. We, of course, can obtain that information, but I do not feel justified in making the study without some indication of a need for it.
>
> "When I spoke to you recently on the 'phone you informed me that you had a record of some thirty cases in which compensation had been denied, and, as I informed you at that time, I would appreciate it if you would submit a list of the cases so that I may make a study of them. If the thirty cases you mention indicate that a study of all our discontinued cases should be made, you may rest assured it will be done promptly.
>
> Very truly,
> (Signed) M. J. MURPHY, *Director,*
> Division of Workmen's Compensation.

The obvious interest of such statistics of rejected cases is borne out by the fact that the Director himself had ordered a survey of rejected cases for his own private use, which was carefully suppressed. This survey, according to the statistician of the Department, revealed the following:

> ONE-HALF OF THE REJECTED CLAIMS ARE REJECTED NOT BECAUSE NO COMPENSABLE ACCIDENT WAS PROVED, BUT BECAUSE THE INJURED EMPLOYEE COULD NOT PROVE "CAUSAL RELATION" OF DISABILITY TO ACCIDENT, or, in other words, could not prove to the satisfaction of an antagonistic referee that he would not have suffered disability from an act of God had the accident not occurred.

In short, the Commission's statistician acknowledged in effect that one-quarter of the injured applicants for compensation probably were defrauded out of compensation and consequently thrown out as charges upon the community. From personal observation, I hazard the statement that the twenty-five percent of the cases which were rejected on the ground of "causal relation" include the great majority of serious injuries which would have involved a large cost to the insurance companies.

I here outline a number of cases included in the rejected group, from among those which have come under my personal observation:

"CAUSAL RELATIONSHIP" SAVES INSURANCE COMPANY MONEY

A. G. Case No. 3231644. Injured August 8, 1932, by rim of tire striking right ridge of forehead, causing a lacerated wound on the forehead, a fracture of the margin of the orbit and blindness of the right eye. The injured had been continuously employed up to the time of the accident and had been efficient. But the insurance company alleged, without any proof, that he had been suffering from a disease of the eye which purely as a matter of coincidence resulted in blinding at the time of the accident. The injured was

as unable to disprove this allegation as the insurance company was to prove it. The referee denied compensation and saved the company three thousand dollars. The injured was ousted by his employer at the behest of the insurance company on the ground of his disability, was denied W. P. A. employment for the same reason, and became a public charge. The referee's technical ground for denying compensation was *"CAUSAL RELATIONSHIP NOT PROVED."*

INSURANCE COMPANY PHYSICIAN AIDS FRAUD THROUGH "CASUAL RELATION"

P. deK. Case No. 33311099. Injured October 29, 1933, in left eye, his only good eye, by intense electric arc due to short circuiting of electric cable. Employer witnessed the injury and rendered first aid. Subsequently the injury was treated for a number of months by a physician employed by the insurance company. When it became apparent that there would be a permanent loss of vision, the doctor altered his diagnosis and reported to the Commission that it was not due to injury, but to a pre-existing syphilitic condition. Compensation was denied on the basis of the insurance company physician's statement.

Subsequent examination of the man's eye revealed a typical burn and a cataract of the type caused by intense electric arcs. His vision was severely impaired. He lacked the funds to fight the insurance company before the Commission. His attorney would not continue with the case because the Commission denied him payment since compensation had not been granted. The referee's technical ground for denying compensation was *"CAUSAL RELATIONSHIP NOT PROVED".*

"UNBIASED" MEDICAL REFEREE SAVES INSURANCE COMPANY MONEY

M. R. Case No. 31613949. Injured May 13, 1932, by chip of stone flying from slab under hammer blow and striking his eye. Treatment was rendered by insurance company ophthalmologist. When it became apparent that the eye would have to be removed, insurance company physician reported that the eye condition was not due to injury, but to pre-existing disease of chronic nature affecting both eyes; and that the immediate cause of the impending loss of the eye was the blocking of the central retinal vein.

Several physicians testified that the condition causing the loss of the eye arose from injury, and that systemic condition reported by the insurance company did not exist in other eye as alleged. This was also borne out by photographs of that eye taken a long time after injury, which showed none of the permanent changes, thrombosis, described by the insurance company physicians. But this absolute proof of the falseness of the diagnosis was kept out of the record of the case by technicalities of rules of evidence which were brought into play by the attorneys of the insurance company. The pathologist who examined the removed eye, at the Manhattan Eye and Ear Hospital, might have introduced the truth into evidence. He refused to do so, because his boss at the hospital was the insurance company's physician.

Dr. Arnold Knapp, who was "chief" of the Knapp Memorial Hospital

which treated a large number of copensation cases for the insurance companies, was selected by the Commission as "unbiased" medical referee in the case. In spite of the fact that sections of the removed eye were available for determination of the exact condition causing its removal, Dr. Knapp hypothesized on the basis of the false diagnosis of the insurance company physicians. He ruled that the loss of the eye was not due to the injury. Compensation was denied, saving the insurance company several thousand dollars. Verdict of referee and Commission: *"CAUSAL RELATIONSHIP NOT PROVED."*

LEGAL KILLING SAVES INSURANCE COMPANY MONEY

P. C. Case No. 3328471. Injured September 6, 1933. While driving truck he was forced to swerve into a ditch to avert collision and was jolted and struck forcibly on back of head by the steel hood of his truck. He managed to finish his day's work and to drive the truck back to the garage. He reported himself injured and suffering from intense pain in the head and unable to walk without pain. He entered the hospital on the following day. There a diagnosis of intra-cranial hemorrhage was made. The insurance company asked his transfer to the Neurological Institute at its expense for further diagnosis and treatment.

Although he was found to be very sick, the physician at the Neurological Institute obliged the insurance company by finding a tumor of the skull and asserting that the man's disability had nothing whatsoever to do with the accident. The company refused any further aid than to refer him to a city Hospital for X-ray treatment.

(Insurance companies have found it well worth their while to place the roentgenologists of municipal hospitals on their pay-rolls. The companies send them large volumes of X-ray work in their private practices, which they conduct in spite of the fact that they are supposedly full-time employees of the city.)

At the hospital, the injured was so maltreated with X-rays that he developed terrific X-ray burns of the head and neck. Intensive X-raying of the acutely burned area was persisted in, until I advised the victim to refuse further treatment because of the danger of developing cancer. It is well known that burning by X-ray, and especially persistent X-raying of a burnt area, causes cancer.

The insurance company, however, importuned the man to return for further X-raying, threatening that there would be no possibility of a compensation award unless he continued treatment. He finally returned to the hospital and was given an uglier X-ray burn than the first and maltreated until, in his agony, he refused to submit any longer. Within a year following, this victim died of generalized cancer of an entirely different type from that originally diagnosed, which without much question had been caused by the X-raying.

This is the most horrible and deliberately perpetrated bit of malpractice that has ever come to my notice. But patients may not recover for malpractice perpetrated in municipal, charitable hospitals.

The man never received compensation, because the referee denied that

there was any causal relationship betwen the injury and the man's inability to work, which immediately followed. When he died and cancer was found at autopsy, the Commission closed the case, and denied compensation to his widow. This deliberate and cold-blooded killing within the law saved the insurance company over five thousand dollars.

It eloquently bespeaks the corruption of some of the examiners in the Commission's medical division that on June 3, 1934, at a time when the injured man could no longer walk because of paralysis, a report was rendered by one of its members to the effect that he had found no evidence of paralysis; and that this report was made the basis of the rejection of a request for an appeal. The decision of the referee and Commission was that the injured had shown *"NO CAUSAL RELATIONSHIP"* BETWEEN THE ACCIDENT AND THE DISABILITY IMMEDIATELY FOLLOWING THEREON.

IN ALL THE CASES CITED THE COMMISION IGNORED THE PROVISION OF THE LAW WHICH MAKES COMPENSABLE THE AGGRAVATION OF A DISABILITY PREVIOUSLY EXISTING, BY AN ACCIDENT. THESE VICTIMS WERE ENTITLED TO COMPENSATION EVEN IF THE FALSE ALLEGATIONS OF THE INSURANCE COMPANIES AND THEIR DOCTORS WERE TRUE.

"LABOR" VS. THE WORKER

The outrageous abuse and swindling of the injured under the Workmen's Compensation Act reached their highest level during the period that Madame Frances Perkins was at the head of the New York State Labor Department. Neither she, nor her fellow-travelers of the American Association for Labor Legislation, nor their social service allies, nor the bosses of labor unions had any fault to find with the law or its administration at that time. On the contrary, some labor union officials profited hugely from perpetration of swindles on the injured members of their own unions, on the pretense of "influence" and "fixing." In some cases of influential persons and friends, a "fix" was arranged; but in the majority the hundreds of dollars collected was pocketed by the union representative and his confederates.

PROSPEROUS MEDICAL BOSSES VIEWED COMPENSATION WORK WITH SCORN

The compensation hospital and surgical business is a cheap trade and was regarded with scorn by the more snooty hospitals and their surgeons. During the era of prosperity they were well satisfied to relegate these cases to municipal hospitals and clinics, generally to be treated as public charges and at no cost to the insurance companies. This arrangement greatly reduced the expenses and increased the profits of the companies, at the cost of the tax-payers.

It mattered little to the medical bosses that they were thereby destroying a legitimate source of income for the rank and file of the medical profession. For in the municipal hospitals members of the medical staffs were barred from collecting from insurance companies for the treatment of their compensation cases. The bosses of medicine viewed the situation with malicious glee. They were well content with the ruling of the New York State Attorney General that permitted admission of injured charges of the insurance companies as

free charity cases to municipal hospitals and with the hospital regulations which barred the lesser fry physicians from collecting for services rendered.

They also viewed with tolerant scorn the development of compensation clinics of the type described in the quoted Moreland report. Some influential physicians banded together and formed a corporation, the Wolf Industrial Service, that exploited chains of these compensation clinics. They wielded a powerful influence over the New York State Labor Department and were able to roll up large profits; and were well satisfied with the law as it stood and vigorously opposed any change in the status quo.

For almost a decade I had written, agitated and fought for reforms in Workmen's Compensation administration and for correction of abuses. Though I rarely handled any of the cases other than those in which outrageous frauds had been perpetrated, when my help had been sought to correct the injustice, the corruption and inhumanity of the situation stirred me. I sought to induce the social service and labor organizations to fight for correction of the abuses arising from the law, but was turned down by them with amusement and scorn.

DEPRESSION AROUSES INTEREST IN COMPENSATION CASES

When depression arrived the business of voluntary hospitals slumped badly. This seriously threatened the jobs of those engaged in hospital social service activities and their allies among the medical bosses. The social service clique, no matter how treacherous they may be with others, do hang together and rise to each other's defense and aid.

These gentry are always interested in public welfare when such interest fills their purses. They suddenly awoke to the discovery that depression had made the lowly Workmen's Compensation business one of the most profitable phases of medical and hospital business. They coveted that business for themselves. Compensation cases looked like sure and easy pickings although meagre. Suddenly they conceived an immense sympathy for the injured workmen. Calling together their publicity men and their allies, they promptly proceeded to remedy the situation. The New York Academy of Medicine and the American College of Surgeons whose members previously had scorned Compensation work, eagerly participated in the campaign.

REFORMS PROFITABLE TO THEMSELVES URGED

The remedy which the medical bosses desired was quite obvious. They sought to have compensation cases referred to their own hospitals to boost their businesses and incomes. The barring of compensation cases from the charity wards of the municipal hospitals was readily obtained by a regulation of the Commissioner of Hospitals. The voluntary hospitals eagerly competed for the Compensation business. But in order to get the maximum result from this direction, they found it necessary to eliminate competition of the compensation clinics.

A campaign of righteous indignation was launched by the social service and hospital forces against the compensation clinics. In its course the injured employees and their rights were incidentally mentioned. In 1931 Governor Franklin D. Roosevelt, at the instance of these forces, appointed the Moreland

Commission, from the report of which I already have quoted, to investigate the Compensation situation. At its head he placed Howard Cullman, who is closely identified with the social service and hospital groups of New York City and was an executive of the Broad Street Hospital which did a thriving business in the Wall Street section of the city. A supplemental committee of medical bosses from among the membership of the New York Academy of Medicine was also appointed by the Governor to report on the situation. Both reports failed to emphasize or ignored the swindling of the injured by the insurance companies; but they stressed the defrauding of the insurance companies by the compensation clinics.

FAIR PLAN OF REFORM PROPOSED BUT REJECTED

Taking advantage of the spotlighting of the question, I offered a solution of the problem to Mr. Stone, of the Insurance Adjusters' Association, at a meeting of the Bronx County Medical Society, which embodied protection for all the parties involved.

The fairness of this plan pleased neither the insurance companies, their social service allies, the hospitals nor the medical bosses. The medical societies and the insurance companies adopted five years later the parts of the plan which protects the incomes of medical bosses and their hospitals. But the adopted plan betrays both the injured and the rank and file of the medical profession. It has placed the insurance companies more firmly in control of the medical care of the injured than they had been before, and has made the defrauding of the injured more simple and inevitable than it had been under the original law. This plan was embodied in several amendments to the Workmen's Compensation Act that were passed by the New York State Legislature in 1935 and still remain in force.

THE AMENDED LAW ACCENTUATES THE ABUSES OF THE OLD

The amended law pretends to establish for the injured worker freedom of choice of physician. Actually, this freedom is restricted to a list of physicians drawn up by the County Medical Societies. This was done on the pretext that industrial injury differs from other injuries and is a super-specialty. How this provision of the law is being used by the Societies to coerce physicians into membership and to intimidate them into doing their bidding will be related later.

As is the vogue in all social service and "New Deal" agencies, there is vested in the Workmen's Compensation Board of each County Medical Society legislative, executive and judicial powers. The power of the Societies to exclude physicians from the treatment of compensation cases is arbitrary and absolute. No appeal can be made to the Courts. The Societies have demanded of their members as a condition for listing that they sign away their civil and constitutional rights and that they waive any redress for injuries which they may sustain as a result of the action of the Boards.

The powers of these Boards exceed those vested in the State and restrict the license to practice medicine that is granted by the State. They arbitrarily

dictate, on the basis of their own desires, inclinations and interests, the qualifications for practice of the medical and surgical specialties on compensation cases and the physicians who may engage in them. Physicians who are not submissive to the medical bosses and refuse to pay tribute to their organizations are barred from listing in the panel no matter how distinguished or competent they may be. Without listing, the law bars them from collecting for the services which they render. In short, there has been created a grand and glorious racket that is extraordinarily profitable for the unscrupulous medical bosses.

HOW INSURANCE COMPANIES CIRCUMVENT THE LAW

The insurance companies have been able to retain the control over the doctors and their testimony that is so essential for their illicit activities, through circumvention of the amended law in several manners. First they have strengthened their hold on the County Medical Societies by placing the key officers on their payrolls or on their consultant staffs. The medical members of the County Medical and of the New York State Medical Society Boards on Workmen's Compensation, and of the Industrial Council, and the inner clique of about forty "specially trained" physicians who alone may serve as "neutral" arbitrators, are all part time workers in their respective positions. Most of them are employees or consultants of insurance companies. All of them are free to act as consultants and to do other chores for the insurance companies on whose cases they pass judgment. Arbitrators who show an inclination to be fair are generally dropped.

Dr. David J. Kaliski, Director of the Committee on Workmen's Compensation, is paid a salary of five thousand dollars a year for part-time service out of the two dollars per head contributed by the members of the New York State Medical Society. Nevertheless, he has spent hours in court on some occasions to testify on behalf of insurance companies against members of the Society who were suing for payment of just charges for services rendered.

Likewise, his predecessor, Dr. Morris Rosenthal, a number of years ago spent a full day in court to testify on behalf of an insurance company in a case involving a contract between a physician and an insured employer. Under direct examination Dr. Rosenthal denied that he had been employed ever before by an insurance company in any capacity. Under cross-examination, he belied his testimony and acknowledged that he had been employed as consultant by a specific insurance company as recently as the day before. The magazine of the New York County Medical Society, the Medical Week, refused to publish a report of this incident.

The insurance companies are well aware that the medical boss absolutely dominates his hospital and his medical society, and is entirely willing to exploit both against his colleagues—for a consideration. They quickly placed him under obligation by making him a consultant. A physician on the staff of a hospital who testifies against his superior does not long survive on the staff; and it is well nigh impossible to extract the truth from him when he knows that the"boss" is in the employ of the defendant insurance carrier. The law perpetuates abuses which the amendment was supposed to eliminate.

So long as this fraud-laden law remains on the statute-books, some protection of the injured should be set up against those prostituted medical experts into whose hands so much power has been placed. The Commission should compel the publication and posting of the total payments made by insurance companies to physicians. In this manner the injured may learn to what extent the doctor's testimony may be influenced by his earnings from the insurance companies.

ROLE OF THE AMERICAN COLLEGE OF SURGEONS

Hospitals controlled by the American College of Surgeons play important roles in aiding insurance companies to circumvent the amended Workmen's Compensation Act. And the booty of Workmen's Compensation cases plays an important part in the bitter battles for control of hospitals that have hit the headlines of New York newspapers.

In the closed hospitals of New York City, a patient is compelled to accept the services of the doctors on its staff. The insurance companies arrange to gain ascendency over hospital staffs in the manner already noted. In some cases they go even further. They purchase hospital positions for the medical hirelings who do their dirty work. Not infrequently they gain control of smaller and financially weaker hospitals. They fill them with compensation cases for which nominal or no payment is made. They use them until a large deficit results. The hospital is then forced into bankruptcy, reorganized and used over again for the same purpose.

Injured employees that enter these hospitals are more at the mercy of the corrupt insurance companies than they ever were under the original law which gave the companies openly the right of choice of physicians. In some of these hospitals there may be found the most unscrupulous and brutal of the medical agents of insurance companies who place an infinitely higher value on their own purses than on human lives. Through this device there are being perpetrated some of the most outrageous and heinous activities.

The role of the American College of Surgeons in these activities cannot be overestimated. It aids its Fellows in capturing the hospitals by compelling their appointment on the penalty of withdrawing "approved" listing; throws a halo of sanctity over their staffs, however corrupt; and shields their malodorous practises.

RESULTS SATISFY INSTIGATORS

Organized Social Service, Organized Labor and the International Association for Labor Legislation, which have played so prominent a role in engineering this ugly set-up, are no longer interested in the abuse and swindling that now flourish in Workmen's Compensation. Equally indifferent are the members of the Industrial Council, the Industrial Board or the Industrial Commissioner. They deliberately ignore complaints and evidence of fraud placed before them. They shift the full burden of proof on the complainant and then proceed to whitewash the accused. Even the notorious Dr. S------ whose activities have been recounted is undisturbed by them in his frauds and perjuries.

Abuses in the administration of the law are obvious and matters of common

knowledge. They have been the subject of several investigations and public hearings, and of publicity and campaigning in the New York newspapers. Organized Social Service cannot claim that it is not fully aware of the extent and the nature of the fraud perpetrated upon the injured nor can the officials involved claim that they are not acquainted with the corrupt and dishonest administration of the law.

COMPENSATION COSTS INCREASE UNEMPLOYMENT

The burden of compensation insurance has become so heavy in New York that some industries have been compelled to close down and throw their workers into the rank of the unemployed. Many workers, especially those who have had injuries or those over forty years of age, are barred from employment by the rigid examinations required by insurance companies since the law has been amended to make diseases compensable. The State Insurance Fund does not require these examinations, but its rates are excessive and penalize severely employers whose risks are bad. This compels the employer to reject the same group of employees to avoid excessive insurance costs.

A number of striking examples of stimulation of unemployment by Workmen's Compensation insurance costs have come to public attention. Thus Mr. George J. Atwill, a New York builder, filed a complaint with the N.Y. State Department of Labor asserting that insurance company examinations had forced into unemployment sixty-five of three hundred and sixty-five employees. The State Industrial Commissioner, Elmer F. Andrews, replied to the complaint in the press with the statement that the State Insurance Fund would have required no examination; but he did not explain to the public that the cost of this insurance would have been tremendously higher and prohibitive. A Walkill farmer stated in a letter to the New York *Times* of January 3, 1933, that farm insurance rates of the State Fund are so high as to prohibit employing men for needed work.

COMMISSIONER LAUDS "CHARGES ON INDUSTRY"

New York State Industrial Commissioner Frieda S. Miller, at the annual luncheon of the Beekman Street Hospital in January 1940, sang the praises of Workmen's Compensation Laws. She said:

> "labor accidents are now put where they belong as one of the charges on industry."

She proceeded to say that similar progress must be made during the succeeding twenty-five years in cooperation between the government and private hospitals in such matters as sickness during involuntary unemployment and social health problems. It is clearly the attitude of herself and her clique that "Socialized Medicine" is to serve the purpose of burdening industry with added charges. With their propaganda Bismarck's "New Deal" marches on to new achievements in disrupting our industry and commerce, throwing our workers out of employment and "hastening the Revolution."

In all these things we can discern the extent of the beneficence of Organized Social Service, and the blessing which it confers upon the nation. They clearly presage what benefits can be expected by the public from "Socialized" Medicine which is advocated by the same group.

CHAPTER X.

SOCIAL SERVICE AND OUR NATIONAL DESTINY

PRINCIPLES, METHODS AND OBJECTIVES OF THE SOCIAL SERVICE RACKETS

In the midst of the depression a pathetic, dramatic story was heralded to the American public through the press from Springfield, Massachusetts. It told of a penniless father wheeling the body of a one-month old daughter, dead from malnutrition, into the office of the local Welfare Board. "You killed her," he said to the social worker. He then turned about, walked out, leaving the body behind. On investigation, it was found that the child was one of a family of six children who divided a single quart of milk allotted to them by the Board. Although the child had been reported ill, the Board had ignored the request of the father for a physician, although there undoubtedly were a number of physicians who would gladly have rendered service gratis.

"THE SOCIAL WELFARE TRUST"

At about the same time there appeared in the press of New York City the story of an investigation of Relief Administration incorporating the following passage:

> "In other words, what you find at the present time is that people simply run into the Social Welfare Trust, isn't that true?" asked Lloyd Paul Stryker, counsel to the New York City Aldermanic Committee Investigating Work and Home Relief in the course of a hearing on April 29, 1935.
>
> "Well, it is a tremendous Trust, there is no doubt about that," replied James E. Finnegan, President of the Municipal Civil Service Commission of New York City.

This is one of the rare intimations that has found its way into the press, in recent years, that under the guise of service to the public, Organized Social Service has developed into a power that menaces our government as well as the lives and livelihoods of its citizens. It indicates that the father mentioned in the first dispatch blindly sensed the truth and was literally right. Organized Social Service in its administration of Relief has provided munificently for its workers but has robbed the more unfortunate members of the community of the aid which was intended for them by the law and by charitable and benelovent fellow-men.

SOCIAL SERVICE IS A MENACE AND A POWER

Folks possessed of discernment long have viewed the growth of social service with alarm. As far back as 1928, Robert W. Kelso, the distinguished sociologist, pointed out in his volume "The Science of Public Welfare" * that

* The Science of Public Welfare, by Robert Kelso, Henry Holt & Co., N. Y.

private social work, because of the huge funds of which it disposes, is a

> "tremendous force for good, or for ill, if (the funds be) improperly or unwisely expended. . . . The untold harm that may come from mistaken encouragement of the unfit; from pauperization through misplaced charity; from discouragement of family responsibilities—these intangible but potent likelihoods of unsupervised charities are still beyond our ken."

Obviously this student of the situation regarded social service not as a harbinger of the millenium and the more "abundant life," but as a potential menace to the land. That prediction of menace has been fulfilled.

What has been related in the preceding chapters has made it clear that the prime objective of Organized Social Service is political power and propaganda. Under the present regime it has gained control of our government and fully launched every phase of Bismarck's "New Deal" except Socialized Medicine. It is important to consider, in the light of past performance, to what extent the present state of the nation is a deliberately designed fulfillment of their purposes. It is imperative to study what future the nation may expect as a consequence of these activities which deeply involve our national destiny. For this purpose it is essential to analyze and evaluate their principles, methods and objectives, in the light of past performance.

SOCIAL SERVICE SAYS THAT CHARITY IS OUTMODED

"Simple charity has fallen into disgrace and has been relegated to the limbo of the shameful past," social service informs us. In its day, it served its purpose, they agree. But they do not approve of "old-fashioned" charity because "it tended to pauperize its recipients." The days when charities and philanthropies distributed to the poor and unfortunate some of the funds which were gathered in their name are passing. Some private agencies still survive in the form of homes, orphan asylums and community charities. But the extension of material aid to the needy has been shifted almost entirely to the public treasury even by the very agencies which gather funds for the express purpose of extending such aid.

SOCIAL SERVICE IS A SCIENCE, THEY SAY

The workers in the field of social service now inform us that their field is a *science*. Their occupation, they proclaim, is a *profession* which remedies the "pauperizing" defects of "old-fashioned" charity. They do this by refusing to distribute to the needy the funds which they collect from the public. But as "supermen" they do not fear themselves the "pauperizing" contamination of those funds. They use most of them for the payment of their own salaries. One might feel compelled to admire the courage and self-sacrifice which prompts them to brave the contaminating influence of those funds, and protect the community by unselfishly keeping the contagion of this money to themselves.

CHARITY THEY EXTEND WILLINGLY ONLY TO THEMSELVES

Social service administration beautifully illustrates the precept:

"CHARITY BEGINS AT HOME."

The first principle of "the learned Science of Social Service" is that charitable funds shall be spent solely or principally on the payment of salaries to its workers. This has been clearly stated by the lords of Organized Social Service on many occasions. Possibly the clearest expression is to be found in the statement made by the late Dr. T. S. Riley, General Secretary of the Brooklyn Bureau of Charlities in a speech delivered on February 23, 1931 before the New York League of American Pen Women at the Barbizon Plaza Hotel. In all earnestness he berated the New York *Times* for announcing that none of the money which it raised for the Hundred Neediest Cases was paid for social service investigation; that all of it goes to the persons for whom it is collected. He stated:

> "Such a policy, which leads contributors to believe that there is no real necessity for the so-called overhead expenses in social service work, is nothing less than suicidal (for the social service worker). THE BEST POSSIBLE WAY TO SPEND CHARITABLE FUNDS IS FOR OVERHEAD."

The sentiments expressed by this authority are implicitly believed by all workers in the field. They dismiss with contempt the suggestion that this might be wishful thinking.

SOCIAL WORKERS—A SUPERIOR AND PRIVILEGED CLASS

Organized Social Service views itself as a superior and privileged class, a priesthood that is exempt from the restrictions of ordinary mortals. The case of Alice Mertz and her husband aptly illustrates this. Miss Mertz, Emergency Relief executive in New York, testified that at the time that she promulgated a ruling that two members of a family could not hold Relief jobs simultaneously, she and her husband were holding such jobs and drawing a combined salary of ninety-nine dollars a week. When asked by the Committee's attorney, Mr. Lloyd P. Stryker if that was correct, Miss Mertz replied:

"That is correct. But we have privileged classes in this country."

"And are you one of the privileged class?" asked Mr. Stryker.

"I am sorry, it is so," was her answer.

From this spirit there has grown in Organized Social Service autocracy, nepotism and a spoils system. This has been carried over into its political activities and is the outstanding characteristic of the "New Deal."

SOCIAL SERVICE—A NEW PRIESTHOOD

Organized Social Service assumes the role of the priesthood of a new religion. The basic tenet of that religion is the satisfaction of their own needs by the distribution of the wealth of others and of mankind's needs and misery by the solace of their advice. There is little new about the doctrine. It is as old as human vanity, greed and cupidity. It sees wealth only in what others possess, relief of want only in the distribution thereof, justice only in the satisfaction of their own desires, and wisdom only in their own words. These ideas have a ready appeal for the moronic intellect and differ in no wise from those of Marxian Socialism. The alliance of Organized Social Service with the Bismarxian propagandists and their espousal of the "New Deal" was natural.

It is an accepted fundamental principle of "the Science of Social Service" that its teachers are omniscient. On their Olympian heights, they have discovered the right and perfect way of life and the only correct form of social organization. In the combined role of panhandler and "Deus ex machina" they condescend to extend the blessings of their omniscience to the world—for a liberal wage.

In return for its funds, they offer to the suffering world the salvation of words—their *advice*. Their usurious charge for it belies the proverb worded by La Rochefoucauld:

"Men give away nothing so liberally as their advice."

Playing upon the faith of mankind they have amassed much wealth. They have led the public to believe that their cause is "holy." And they have adopted an attitude that long has been customary in a large section of mankind toward holy causes:

"The end justifies the means."

They have not been excessively scrupulous about their methods or their alliances in attaining their ends.

PANHANDLING IS THEIR ART AND SCIENCE

The leaders of Organized Social Service have made the control of wealth their first and foremost objective. For this purpose they have used panhandling. They have developed it into a fine art, elaborating endlessly on the devices of appeal to pity, suasion, threats and cunning of the beggars.

As a basis for begging and appeals to the charitable, there must be misery. The individual beggar makes a display of poverty, misery, deformity or disease; or becomes abusive and threatening when denied. The same devices are used in the panhandling of social service. Some misery and disease always prevail in the community and are systematically exploited by them. But it is in times of epidemics, depressions and public calamity that their eras of real prosperity occur. They batten upon public misery and misfortune.

Social unrest is regarded by Organized Social Service as one of its most powerful weapons for fund-raising. They therefore regard it as essential to foment discontent and keep the pot boiling. In this activity the invidious, jaundiced, muddled and delirious ravings of Communism and other Bismarxian propaganda serve them well.

PUPPET PROFESSORS AND PROPAGANDIST PAWNS

A staff of "brain trusters", professors of sociology and economics, help in this program. A few of them are honest and sincere but so short-sighted that they cannot see the forest because of the trees; for they have not the breadth of vision to envisage fundamentals and consequently offer remedies that are more deadly to society than the ills they propose to cure. Many of these professors are dangerous and subversive propagandists who are often in the pay of alien or anti-social groups. The economic pressure that bears on the professors, the necessity of making a living, dooms to disappointment the hope that eternally rises in human breasts, that from the cloistered professors will be derived a remedy for social ills.

Even more useful to Organized Social Service is the chronic and professional malcontent. In the hands of professional agitators and high-priced propagandists, the malcontents can always be made to yield large contributions. For they help to stir up the "downtrodden" and to fill the air with their muttered threats.

POLITICAL CHAMELEONS AND TRICKY SCHEMERS

The shrewd social service leader always pretends that he agrees with this element, so as to make its support dependable. But he really means no such thing; he merely means to look after himself, when he supports radicalism, liberalism or any other "ism." The social service boss aspires to a dictatorship, to impose his will on the community. Even a Communist dictatorship is acceptable, if he himself be dictator. He is simultaneously Democratic, Republican, Socialist, Communist, Capitalist, Proletarian, Bourgeois, Vegetarian and Idiot, depending on the complexion of the group which he woos.

After they have stirred up the "clamor of the masses," or created a counterfeit of such "clamor," social service is in a position to approach its other, moneyed allies for funds, and to intimidate its foes. The possession of means by an individual in the community is an affront to the greed of Organized Social Service. They fiercely resent the "capitalists," as they term them when stirring up the "masses," as a challenge to their omnipotence and to their Napoleonic ambition of dictatorship and all-inclusive ownership of the wealth of the land. But with cunning, they dissimulate their hostility and fawn upon the "Capitalist," in the quest for money and its power.

KINGS OF SCHNORRERS

Social service approaches the "capitalist" in the role of courtesan. First, it appeals for sympathy. The plea is:

"Have pity on the poor, sick and miserable."

Social service workers are "Kings of the Schnorrers." They have made of begging and panhandling a fine art, a skilled profession. They study their approach. They time their pleas to seek advantage of mankind's weak moments; and high-priced publicity men help them play on mankind's gullibility. They chart their appeals and divide the favorable seasons among themselves by agreement. They seek to make their sucker-public's response an automatic habit. By control and censorship of the press which bars from the public the truth regarding their questionable activities and diversion of funds, they build up public faith.

EXPLOIT HOLIDAY SPIRIT

The generous, festive spirit of Christmas is reserved for Christmas seals and the fable of their aid to the tuberculous. The press is well aware of the mythologic nature of the pleas in many communities; but so great is the pressure brought to bear upon the press that it is forced to contribute space and publicity for the play upon the sympathy and gullibility of the community. When necessary space is purchased.

It takes many Christmas seals to pay for the elaborate "notification cere-

monies" staged by the Association each Christmas season. Symbolic indeed was the log-rolling ceremony staged several years ago at the door of Mrs. Calvin Coolidge. The poor tuberculosis victim who can find no bed in the hospitals of the community for his cough-racked body, who can buy no food to make possible his recovery, is the miserable victim of the Association's log-rolling. The community also suffers by exposure to spread of the disease by the wandering victim.

If the funds gathered by the National Tuberculosis Association and its affiliates during the past fifteen years had been honestly used for the provision of hospitalization and medical care for the victims of the disease, there might now be a hospital or sanitarium bed for each of them. This means that tuberculosis would have been far less widely spread by the victims.

While the Association exists, there is little possibility that an honestly intentioned organization can succeed in entering the field of tuberculosis. For the National Tuberculosis Association very jealously guards its monopoly in this field and its hold on the public imagination during the Christmas season. There are engineered vigorous prosecutions of competing "charity" drives during the season on the ground of fraud, though they be no more tainted with fraud than is the complainant organization.

BEGGARS ARE ATTACKED AS RIVALS

Even the beggar on the street is regarded by Organized Social Service as a competitor and rival, and arouses their ire and hostility. They ask the public not to help the beggar—a non-professional panhandler—but to contribute to professional, organized panhandlers—Organized Social Service. They ask that the poor, starving beggar be left to their tender mercies and to starvation graced and approved by them.

The blind trust which Organized Social Service has succeeded in creating in the public with its censorship of the press is illustrated by the case of Wilhelm Loewenstein. When he died, on January 7, 1938, he left $900,000 for the establishment of free cafeterias to feed the hungry that he asked should bear the inscription "if you are hungry and without means, come in and have a meal as my guest." A truer, nobler and more urgently needed charity would be hard to conceive. But his will provided that if his proposed cafeteria philanthropy were deemed impracticable by the New York Community Trust, the funds should be distributed to three charities. The Community Trusts are controlled by the Social Service Racket. If it runs true to form, the hungry will continue to starve and the bequest will be diverted to enrich the Racket.

Thanks to the weaknesses of human nature, which make mankind putty in the hands of the wily, their pleas for funds yield contributions in a fairly large percentage of cases. But there are individuals in the community who are shrewd and not gullible, who have thereby amassed large fortunes which Social Service regards as desirable potential additions to their own purses.

SCHEMING AND TRICKERY

The approach of Organized Social Service to the shrewd, wealthy elements of the community is made on the basis either of sly trickery or of an alliance

for mutual advantage. In the first case, it uses the threat of the "masses." It addresses the man of means in words of the following sense:

> "The clamoring masses and their threats are a menace to your fortune. It is in our power to appease the masses and to sell you protection against them, in return for a part of your fortune. If you will turn over to us a a share of your fortune, we will delude the public into the belief that you are a public benefactor, a philanthropist and a patron of mankind."

To those who are too well advised to be taken in by these representations, another appeal is made. It says in effect:

> "If you play ball with us, we will lend the support of our organization to you. We will both join hands to rook and swindle the public, and divvy the profits."

SOCIAL SERVICE IS A PERFECT RACKET

The sale of "protection" characterizes that grand and distinctively American institution, the Racket. The Social Service Racket engages to sell to the more provident members of the community "protection" against the "discontented masses." The reader might well pause to ask himself:

> "In what way do these activities of Organized Social Service differ from the every day, garden variety of rackets?"
>
> "In no wise except that they are accepted as genteel and proper, and entirely with the law," would be the answer.

When Organized Social Service is involved, fraudulent collection of charitable funds and their conversion to other uses than those represented to the contributor becomes legalized and sanctified. The very magnitude of the funds involved—billions of dollars each year—has served to make it one of the most "respectable" of the Big Business group. Flying the banner of "charity", and consequently utterly unsuspected by the gullible public, it has grown into a perfect specimen of the Racket.

FALSE PROPAGANDA AND STATISTIC LIES

The Social Service Racket has few scruples about its methods of collecting funds. The issuance of false propaganda is a regular practise. Facts are distorted or replaced by outright lies. Statistics are systematically doctored and falsified. The detached observer might well conclude that the bosses of the Racket are morally and intellectually bankrupt.

Among the propaganda devices of their creation are Citizens' Unions, City Clubs, Committees of a Thousand, and Municipal Research Bureaus. They quite successfully delude the public in the belief that they are "reform" organizations; and they actually do institute some minor reforms that are transient and do little injury to the status quo. But they are highly efficient in deluding the public into belief in the virtue of the nefarious causes and outrageous steals that go by the name of "social service."

From these organizations and from its alliances with industry and commerce, the Social Service Racket has gained a control over the press of the country which enables its campaigns of false propaganda and publicity. Par-

ticularly does it dominate the so-called "liberal" press that open their columns to Bismarxian propaganda—such as the New York *Times,* the New York *World-Telegram* and magazines such as *Nation* and *Time.* The propaganda and publicity matter which the Social Service Racket releases is published by those periodicals even though it be obviously false and self-contradictory. No replies or corrections from the public are accepted for publication.

Amusing indeed is the attitude of the subvervient press when the falsity of the statistics furnished them for publication by their allies is forced on public attention. This is illustrated by the New York *Times* of April 4, 1940. In a pamphlet on the status of American medicine Dr. Adolphus Knopf attacked the use of false statistics by health propagandists as utterly unjustifiable and a deception and betrayal of the public by its health officers. He particularly referred to Dr. Thomas Parran's allegation that the incidence of syphilis on the U. S. 10%, the falseness of which already has been mentioned. Simeon Strunsky the left-wing editor of the *Times,* who "makes figures talk," took cognizance of Dr. Parran's "gross exaggeration" in his column, *Topics of the Times.* Since truthfulness and honesty are frowned upon by the Communazis as "bourgeois virtues," and deceit and dishonesty are regular weapons of the "Cause," party dialectics was equal to the occasion. The false figures were dismissed as of no real significance though they had been used to betray the Congress and the nation into spending millions of dollars on a futile campaign against syphilis and the needless drugging of numerous victims.

NO STATISTICS ON THEIR COST TO NATION

One of the principal benefits which the Social Service Racketeers confer upon mankind, in return for the support of their activities, is a deluge of statistics. They publish statistics on birth rate, on the cost of medical care, on wages and earnings, on the income of physicians, and on no end of other things. But never has the Social Service Racket published any statistics that truthfully reveal what their support costs the public, or what percentage of the funds which they gather in the name of the poor and unfortunate is expended on their own salaries. Such information is systematically refused the public who contribute and support.

Funds which have found their way into the coffers of the Social Service Racket are regarded as its own to use as it chooses. Seldom or never will the agencies which collect funds from the public open their books for inspection, even to their contributors. The use that they make of the funds, they resentfully snort, is their own private affair. It is amazing, indeed, that the law which is so stringent regarding the keeping of accounts by private business enterprises should be so lax with regard to corporations which raise their funds by public subscription and panhandling.

BITTERLY OPPOSE INSPECTION OF ACCOUNTS

The Social Service Racket fights bitterly any attempt to force it to account to the public for the funds which it collects or to open its books for inspection. They bring to bear all the pressure of their influence in the community to block the passage of any laws of this nature. A recent instance of this was the

fate of the recommendations of the Grand Jury of Westchester County, New York, that a law be enacted to compel filing with the County Clerk statement of projected use of money which organizations propose to collect and a statement of the uses actually made of the money. This proposal was made in a presentment that was handed up to Supreme Court Justice Raymond E. Aldrich on April 26, 1938, after an investigation of a number of organizations. They found that little of the money which they collected for the purpose was actually expended on charity. They found that professional promoters of "charity drives" often get half or more of the contributions, and that in one case only ten percent was left for charitable purposes. They proposed an S. E. C. for social service much of the same type as its henchmen have established to guard against misuse of funds by Wall Street. The recommendations made by the Grand Jury to Governor Lehman were pigeonholed, ignored and forgotten.

PUBLICITY BOODLE AND FAT SALARIES

Tremendous sums of money contributed by the public to the Social Service Racket for "charity" have been spent in the payment of salaries to propagandists and publicity men. Thus after the report of the Committee on the Cost of Medical Care it was announced that high-priced Edward Bernays had been retained to force the adoption of the recommended plan.

The practise of expending philanthropic or charitable funds on social service administration has become widespread. It has become a basic doctrine of social service "philosophy," as related, that the only correct use of charitable funds is for administration, which means the payment of fat salaries to themselves.

The Bill of Rights which our fogy old ancestors, "so lacking in social ideals", saw fit to embody in the basic law of the land, the social service racketeers regard as another "scrap of paper." There is only one right upon which they are insistent: The right to fill their own purses at the expense of the nation and of various and sundry.

ONE-WAY "DISTRIBUTION OF WEALTH"

They have come to the point where they actually resent money which they are compelled to regard as "other people's money." They join their radical friends and allies in dubbing those possessed of such money, with the epithet, "capitalist." In the end their cupidity leads them to betray and rob their own moneyed supporters. They hide thievish and criminal instincts under the protective mask of "social service." They itch to "liquidate the capitalists" by "equitable distribution of wealth." Naturally, such "equitable distribution" would place the wealth of the capitalists in the hands of the social service gang, to be used to satisfy their own wants and desires—free love, the luxury of alimonies, resplendent trips to Europe, and other such uses of the common fund which would leave their own private incomes unimpaired.

SOCIAL WORKERS' EARNINGS ENHANCED BY DEPRESSION

The Social Service Racket is monopolistic. The American Association of

Social Workers is a "professional" nucleus of the Social Service Trust. Harry L. Hopkins' Relief administration ordered that only its members shall be appointed administrators or directors of Relief activities, wherever possible. The Association is very jealous of this monopoly.

The graduates of the New York School for Social Work are regarded as being adequately trained, and generally are accepted in the ranks of the Association. When depression arrived and social service racketeering became a highly lucrative career, we find that the New York School for Social Work "jacked up" its tuition fees to the unprecedented height of $750.00. The fact that the school still continues to exist with such tuition fees attests to the sentiment in informed circles that the privilege of joining the Racket is a well-paying proposition; and that, conversely, the ruling clique has little desire to share its privileges of "serving mankind" and splitting their "take."

Further evidence of the profitable nature of social service parasitism is the proposal to make expensive post-graduate training requisite for their work. It is also proposed to establish specialties within the field of social service.

HAVE GAINED CONTROL OF THE NATION

So insidious has been the growth of the Social Service Racket that its magnitude and power were not recognized until it had gained full and complete control of the government and converted it to its own uses. In the person of Harry L. Hopkins, Federal Relief Administrator and Pooh-Bah of the alphabet-soup, the Czar of Social Service became the virtual Dictator of the American people. Though his dominion over the purse and life of the nation was clearly unconstitutional in its delegation of power and in other respects, and was so ruled by a Federal Court, the Constitution is but a "scrap of paper" in the estimate of the social service world. And thanks to their demagoguery they are able to prevail over the law. If the courts will not support them they revile the judges and pack the courts. "For theirs is a 'righteous' cause."

The nation's tax laws have been juggled to "induce" or force it to contribute to the enrichment of the Social Service Racket. Under the income tax laws deduction of charitable contributions from taxable income is permitted only if the money is given to Organized Social Service; and the Racket openly solicits contributions on the basis of their help in evading payment of tax to the government. Thus the government has ably supported the Racket.

The leaders of Organized Social Service have been unanimous in protesting that Relief is not their function. One can understand their protests that the experience of giving a grudging measure of material aid to applicants is demoralizing and subversive to their "principles." *To take* is so thoroughly ingrained in their nature that *to give* goes against the grain. They rationalize their emotions with regard to giving by stating that the granting of material aid is beneath their dignity and outside of their domain. For Relief, they state, has the flavor of "primitive charity," and is unscientific, except when extended to themselves. They have no fears of the subversive influence of charity when the funds which they beg and panhandle from the community are used to pay their own salaries.

JEALOUSLY GUARD THEIR RELIEF MONOPOLY

When and wherever the control of Relief, or of charitable funds, is taken over by local political authorities, the American Association of Social Workers immediately takes action to protect its monopoly. Its henchmen "investigate." They did so in the case of the State of New Jersey, when Relief was turned over to local authorities. They naturally reported numerous "atrocities." Likewise in the recent political maneuvers centering about Ohio, the Social Service Racket, as an integral part of the Bismarxian and "New Deal" propaganda machine, stuck by the party-line. It issued reports of starvation and other horrors to embarrass the Republican governor and administration. But significantly enough, aid from the Relief Czar was not forthcoming.

But never is there any investigation of Relief activities or "projects" operated by the social service cohorts, though they are signalized by "atrocities" quite as "flagrant." They block investigation and do not tolerate or permit it. They made only the barest pretense of investigating themselves, for instance, when the purchase of an election with Relief funds in Kentucky became a national scandal.

One must grant freely that Relief constitutes no remedy of the major economic problem which confronts the country—unemployment due to the paralysis of its monetary system. The repugnance of Relief to Organized Social Service would be laudable were it based on less selfish motives than the desire to protect their own incomes.

SCAVENGERS ON HUMAN MISERY

But the Social Service Racket and its henchmen seek and desire no solution of the problem of human misery. They merely desire to extend their power; to make their jobs bigger, better and safer for themselves. They have a vested interest in the continuation of human misery, unemployment and distress in the nation.

We all agree that misery and social injustice undeniably do exist, but the severest indictment of even the sincere and honest professional social worker (there are a few) is that his vested interest lies in perpetuating the evil against which he professes to be fighting. This bias arises from the very human desire to hold his job, and to make it bigger and better paying. The social worker, also, must exist. But need he continue his existence by social parasitism and scavenging on human misery?

In the struggle for existence, the rank and file of the social workers overlook the fact that they are destroying the social structure through weakening the moral fibre of the community and of themselves. Their ambitions and better impulses should impel them to face honestly the basic pathology and the fundamental remedies which the situation demands, instead of aiding and abetting the further corruption and putrefaction of the body social and economic.

Unfortunately few, if any, of even the honest social workers have escaped a blunting of conscience and sincerity. Very few among them can see the injustice of awarding a starving New York family of seven persons the muni-

ficent allowance of $7.00 or $8.00 per week, while they themselves receive $20.00 to$100.00 per week out of the funds intended for the poor and unfortunate.

"SUCCESS" OF SOCIAL WORKERS ON RELIEF

In spite of repugnance of the principles of Relief, the Social Service Trust has taken over complete control of the administration of it. Under their administration it has become a mainstay of their Racket. So far as the public nature of the project permits, the same use is made of Relief funds as is the custom of Organized Social Service. The social service bosses have been munificently provided for with fine, fat salaries. Their prosperity contrasts sharply with the depression and poverty of "one-third of the nation."

Many are the success stories which could be related by these "chiseling" Social Service Administrators. The most striking and clear-cut story was that related by a female Relief official of New York City, testifying on April 30, 1935, at a hearing of an investigating Aldermanic Committee. She stated that she had resigned from an excellent position to go on Relief at an even higher salary; and that on Relief her earnings were higher than they had been ever before in her life. The story of Alice Mertz and her husband already has been related.

John A. Kingsbury's "meagre" pension of $8,000 a year was supplemented by placing him on the Relief rolls. The salary of $2,500 a year paid to Mary Gibbons by the Catholic Charities was raised by the Emergency Home Relief to $7,500. Ralph G. Hurlin was taken over from the Russell Sage Foundation, from which he received $8,000 per year. Douglas P. Falconer, assistant executive director of the Emergency Relief Bureau was originally employed by the Brooklyn Bureau of Charities; his salary was supplemented by the ERB which paid him $7,500, in addition to the $4,500 which he received from Brooklyn Charities, making his total salary $12,000 per year.

WHILE THE POOR STARVE

Such "success" stories appeal to the imagination—until one stops to realize how many people are damned to starvation as a result of this generosity of the Social Service Trust to its henchmen. How very large a proportion of the funds appropriated by Congress for the relief of millions of the unemployed has been paid out to the racketeers has not been revealed.

Figures published by the Relief officials of some Westchester towns reveal that more than three times as much Relief money is spent on administration and payment of workers' salaries as is given to the needy.

During the years of depression one read periodically in the morning paper that the health of the nation was being benefited by the depression, and never had been better. These reports were worded so as to make one feel that the depression is a blessing. Such reports were broadcast periodically by Harry Hopkins and his social service gang. In each annual report of the Metropolitan Life Insurance Company one found this statement made by Mr. Dublin. He arrived at his conclusion from the records of policyholders, so poverty-stricken that they continued to pay their premiums.

CASE HISTORY OF "MORE ABUNDANT LIFE"

Accompany me in my daily routine. Here, in ragged attire, is the child from a family of nine. This family must clothe, feed itself and pay part of its rent out of its Relief allowance of $8.25 per week. The child is suffering from nutritional edema, a natural consequence of the wholly inadequate diet permitted by the allowance granted by the Social Service Administration for "a more abundant life." Her eyesight is poor because the day is bright. She sees better on a dull day. At night she is blind as a bat; stumbles and cannot find her way. She is suffering from day and night blindness, due to lack of Vitamin A in her diet. In due time the girl may give birth to blind idiots as a result of the starvation which she is undergoing. She and her sister and brothers may later in life manifest insanity due to the present malnutrition.

You would have the same malady if you were forced to exist on rice and dried bean soup, rarely tasting meat, or butter, or eggs, or fresh vegetables from one week-end to the other. If this be the "more abundant life" planned for all of us by our "Social Service" gentry, give me a quick death.

STARVATION BLINDNESS FLOURISHES ON RELIEF

Prior to the depression and "Relief," the disease was practically unknown in this country. It had originally been discovered in laboratory animals which were starved of Vitamin A. Subsequently, the disease was discovered by Dr. Pillat to be widespread in China. Dr. Robert Lambert of the Rockefeller Institute has informed me, in a communication, that the disease has also been widely prevalent among the chronically starved Puerto Ricans. In 1933, in response to a questionnaire sent out by Drs. Hess and Kirby to over thirty of the leading ophthalmologists in this country, over half of them denied having ever seen or recognized a case of the disease during many years of practise. None of them had recognized more than two cases, and they were totally unsuspecting of its prevalence.

Hundreds of thousands of children throughout the country were then suffering from Vitamin A deficiency. Unemployment, depression and inadequate diets allowed by well-paid and well-nourished social service racketeers are the causes. In addition to day and night blindness, some of these children suffered from ulcers of the eye which led to blindness and even loss of the eye.

"CARROT BOY"

One such case was R. C., a colored boy, aged 17 years when I recognized his condition. He had lost all useful vision in his only eye. The other eye had been removed a few years prior in a municipal hospital, for the same condition. Recognition of it as Vitamin A deficiency, and the feeding of raw carrots and cod liver oil saved his eye. The boy was known as the "carrot boy" because inexpensive carrots saved his vision.

In 1933 when I brought to light that Vitamin A deficiency disease had become widespread among the children of the country, I attempted to interest health officials to take action to check the ravages of the disease which is not limited to eye conditions, but also results in nervous disorders, respiratory diseases and in mental defects in subsequent generations. This would have

required little more than an educational campaign to inform mothers and the public that their children must be fed inexpensive vegetables, such as carrots and turnips ,and cod liver oil or haliver oil, to safeguard their vision.

AUTHORITIES IGNORED MALNUTRITION

The health officials approached refused to take any action. They "passed the buck" to the social-service-dominated New York Academy of Medicine. The Academy of Medicine appointed a committee to confer with me with regard to the matter, from among its ophthalmologists identified with Organized Social Service. They refused even to investigate the existence of the disease, because it would cast a reflection on the cliques and on the Municipal and Federal administrations, and redound to my reputation. They "passed the buck" to the health officials, who failed to act. The task of combatting this starvation-bred scourge was thrown in my lap.

Since then my observation has been repeatedly confirmed. Drs. Jean and Zentmire have conducted extensive surveys among the school children in Iowa, and reported in 1936 that even in that granary state over 60% of the children were suffering from Vitamin A deficiency. Nothing was done to check this scourge. Relief authorities and the Administration placed this matter on their "must not" list. It would never do to let voters, purchased by Relief allowances so meagre as to starve their children into blindness, know the true state of affairs. Eventually a rise in employment solved the problem.

SOCIAL WORKERS ADVISE REDUCED DIETS

A veritable plague of sleek, well-fed, highly-paid social service executives, subalterns of Czar Harry Hopkins, earned their Relief "keep" by advising these unfortunate victims of the new brand of "prosperity" how they might prolong their "more abundant lives" on still less nutriment. They themselves do not attempt to live on the diet allowance which they prescribe. With their swollen incomes, they live on the fat of the land.

Intelligent folks among the unemployed on Relief resent these gratuitous advices. They retorted:

> "Possibly you think that you could do better in feeding nine mouths on $8.50 per week. Do not forget we are told by the Health Department that the babies must have two quarts of milk a day. They cost more than thirty cents. We used to feed the babies boiled, loose milk which cost us less than half of the price of the bottled milk that we now must buy. But now we cannot get the loose milk. Last summer the children were deathly sick with diarrhea. It does not look as if the bottled milk is really as safe as was the boiled, loose milk.
>
> "And do not forget that 50c of each weekly allowance the Relief investigator tells us must be paid to the Metropolitan Life Insurance Company for insurance of the babies. Our neighbor was lucky. She had a policy of the Colonial Life Insurance Company on her baby, and the Relief Investigator did not compel her to continue to pay the premium to the company out of her Relief allowance. That 50c would buy a

pound of meat, a bunch of carrots, and other vegetables. Much the Metropolitan cares whether we live or die.

"They send us beautiful and expensive diet books with gorgeous pictures of the food that the children should eat, to tantalize them and make their mouths water. Poor kids, they can't get the food because we must pay our insurance premium and help pay for those picture books, by order of the Relief investigator."

WHILE NATION STARVES SOCIAL WORKERS BOONDOGGLE

Another disease which became quite commonplace among the children of the country is nutritional edema, caused by prolonged semi-starvation. Blithely, the social service racketeers ignored it, as they ignore day blindness. Prescriptions for cod liver oil, for glasses, and for special diets were forwarded to the Relief investigator. They usually were returned, a few weeks later, with a notation, "not allowed because of lack of funds." Or, several months after the prescription had been issued, the patient was ordered to return to secure another. The first one had been lost. The fate of the second prescription might be the same as that of the first. Before it was filled, if ever, the patient might be blind or dead.

In the meantime each prescription provided many hours of deliberation and "conference" for numerous Relief executives. The doctor was annoyed with phone calls, inquiring why he had not dotted his "i's" or crossed his "t's". The prescription for eye-glasses clearly reveals, by its plus or minus signs, whether the case be one of far-sightedness or near-sightedness. But the boondoggling executives insisted that the prescription must bear a diagnosis, signed by a physician. This undoubtedly provided full-time occupation for a dozen statistical boondogglers. The cost of the phone calls and correspondence with regard to the prescriptions was not infrequently several times the cost of the prescriptions.

RELIEF ADMINISTRATION ENCOURAGES PAUPERIZATION

Adults fared no better at the hands of the social service racketeers administering Relief. Almost every week there appeared in newspapers of the country reports of individuals left to starve, as a result of denial of Relief aid by the Administration. Harry L. Hopkins always was ready to protect his subordinates and justify their action in permitting the individual to starve. A case of this variety was the following:

On June 16, 1936, Nicholas C. Carnivale of Brooklyn, unemployed, committed suicide. He was penniless and had been dismissed from a WPA project. The reason assigned for the "lay-off" read, "No dependents." This meant that he had been dismissed because he had failed to drag others into his misery and to provide a brood for the community to support. It incidentally meant that the Administration was not interested in purchasing the limited voting power which he represented.

He committed suicide because he was starving, with all the benefits of the "New Deal" and its "abundant life." Four dollars per week would have sufficed for his room rent, and an additional two dollars for

his food. Mr. Relief Administration Racketeer might spend six dollars on a single meal for himself and a friend, possibly at the expense of the Administration. But it would be heresy to suggest that he miss a single meal, no matter how many folks starve. Banqueting is a confirmed habit of the social service gentry.

On July 1, 1936, the Cole (Missouri) County Court ruled that in the future recipients (or applicants) of Relief were

"ineligible for matrimony; persons financially able to marry do not need help from us."

But in Wisconsin, marriage by recipients of relief was encouraged until January 1938. Until then some county Relief workers took pride in the number of families who were on Relief when they married, or who made application for Relief as soon as they married. The Relief workers of Milwaukee County submitted reports relating how comfortable newly-weds were made.

MAINTAINS STRANGLE GRIP ON VOTES

It is apparent that the Relief Administration has set up a special caste in the community who are eligible primarily because they possess a large voting strength. Clearly, the criteria of the Relief Administration never have been want or need. They were set with an eye to buying elections. For the family with few votes and little influence niggardly Relief that merely suffices to dull the edge of starvation to near-starvation was designed to enslave the wretched unemployed. They have not yet made Relief hereditary, as was done in ancient Rome.

The "New Deal," and its Social Service Racket allies, have chosen to trifle with the destiny of the Nation for reasons which now readily can be discerned. It was not humanitarianism that dictated the setting up of the Relief Administration, and its continued existence. Relief and taxation for its support offer no solution for the problem of unemployment and consequent starvation, but merely serve to aggravate and perpetuate them. Relief, as they have evolved it, has enabled dictation of the life of a large section of the nation down to its minutest detail, and has yielded control of sufficient funds to purchase elections and to ensure perpetuation of their regime—for the creation of a miserable type of Fascism.

"NEW DEAL" AND RELIEF CREATE SOCIAL SERVICE FASCISM

The New Deal Relief Administration has meant to the nation the establishment of a Social Service Fascism that penetrates more deeply into the homes and lives of the people than any other contemporaneous Fascist system, not excepting Russia. It has been more insidious because the true nature of this government by the Social Service Racket is unsuspected by the nation. Before the people have awakened fully to the serfdom which this over-weeningly ambitious Racket plans, they will have been reduced to the state of vassals and serfs. There will have been replaced a government by a self-interested plutocracy, into which "Democracy" has degenerated, by a government by scamps

and rogues. The plutocracy is preferable, from the point of view of the people. For its interest require the continued support of the common herd and it must therefore consider their well being.

This has been apparent in the methods of the Relief Administration. The Relief investigator, holding the power of life or death by starvation, has pried into the most intimate phases of family life. He has dictated whether the family might or might not have a dole, and how much they might have. He thus has dictated what they might eat and where they might live. He has decreed whether the head of the family might work or might not work. To insure more complete pauperization and subservience, the rules of the Relief Administration have provided that no person might obtain work under Work Relief who had not previously been placed upon a dole. To insure that the individual has been entirely dependent upon the dole which he received from the Relief Administration and did not seek or obtain occasional employment, it has been made the practise to demand that every adult member of the family must be at home whenever the Relief investigator may call. This has barred unemployed from seeking employment.

The investigator has decreed whether the recipient of the dole should continue to support the insurance companies, or not; whether the family might care for its own children, or whether they should be institutionalized. In some cases which have been brought to light, the Relief investigator has ordained whether the family may, or may not, breed.

UNDERMINES SPIRIT OF NATION

In its Work Relief, the New Deal has accentuated its degenerative influence by adopting the favorite device of the Social Service Racket—"boondoggling." The utter uselessness of the tasks assigned has served thoroughly to demean the recipients of Relief, and to impress upon them how useless are their existences and how thoroughly they depend upon the whim of the Administration.

The political purposes of the Relief Administration have been made transparent by its practises. Tax funds gathered from sections of the nation in which political adherence has been assured to the Administration have been distributed in sections of the country where loyalty of the voters has been doubted or needed to be pampered. From one section of Kansas, normally a Republican state, it was reported that there were few applicants really in need of Relief. The local Relief Administrator was ordered by his superiors to go out and enroll voters on the Relief roll "to fill his quota." In the quota there was an eye to the forthcoming election. The persons "drafted" on the Relief rolls constituted the bulk of the voting population.

The same objectives have been at the bottom of the balance of the program of the Administration. Villages with populations of a few hundred have been provided with schools to accommodate thousands of children. Mayhap it is thought by the Administration that folks on Relief, and idle, would have nothing to do but have children.

In New York City, which is normally Democratic and can be depended upon to return a large majority in favor of the New Deal, Relief has been

doled out in sparing measure. Just sufficient Relief is given to hold the voters enthralled and alive, but not sufficient to avert the ill effects of malnutrition.

The consequences of this thorough pauperization, which characterizes the "more abundant life" of the New Deal, upon the economy and industry of the nation are devastating. There has been effectively destroyed, in a large section of the nation, all sense of initiative and providence. The desire to work and other human qualities which characterize a healthy citizenry have been effectively undermined by this Social Service Fascism.

Relief's degenerative influence is clearly revealed in occasional orders of the Relief Administration itself. Thus, in New Jersey, during each berry-picking season, the Relief Administration *ordered the discontinuance of Relief* so as to *force the workers to work* at berry-picking, and save the crops. As additional inducement to these chronically unemployed to accept employment, the Relief Administration assured them that they would be placed on the Relief roles promptly when the season had ended.

SOCIAL SERVICE PRACTISE AND PHILOSOPHY

The treatment which the Social Service Racket has accorded the nation is exactly what one might have expected from their fraudulent administration of the Workmen's Compensation Act.

The Social Service Fascists pride themselves on rising above the mere level of sentimentality and human values. Like the crusaders, and religious warriors of old, they pretend to aspire to higher values than mere mortals can comprehend. These goals, they would have us believe, rise above mere value of human life. Their philosophy is aptly expressed in "Man The Unknown" by Dr. Alexis Carrel, who urges that all men who do not serve a useful function, from the point of view of a self-appointed group, shall be put to death. That is the ultimate philosophy of the Social Service Racketeer. "The end justifies the means" is their cry, in their battle to fill their purses. While manoeuvering to attain the power which will enable them to gain their ultimate goal, the Social Service Trust has diplomatically assumed the "humanitarian" attitude, so revealingly exposed by their Relief activities.

"SOCIAL SECURITY" A WAY TO DICTATORSHIP

To perpetuate their hold upon the nation, the Social Service racketeers deliberately have adopted the measures of Bismarck's "New Deal" and made themselves the agents of the destructive Bismarxian propaganda. Thus, they have successfully used the charitable funds which they collected for the relief of the poor to support the propaganda of foreign *agents provocateurs* and have helped effect the adoption of the Wagner version of Bismarck's "Social Security" hoax.

The "Security" regime has firmly saddled on the government payroll a host of the propagandists' henchmen in positions where they can dispose of the billions of dollars of Security taxes to foster further destructive propaganda and to accomplish their nefarious purposes. They are now agitating Socialized Medicine, which they expect to be an even richer subsidy and source of propaganda funds.

The propagandists are well satisfied that the constantly mounting tax burden imposed by their program is destroying industry and intensifying unemployment as it has done in France and England and in other lands where it has been adopted. They are helping in the process by deliberate attacks upon business that are calculated to slow it up as soon as it shows signs of improvement. Their economists call it "regulating business cycles."

They are doing their utmost to perpetuate unemployment and Relief. Confident of the power to perpetuate their control they fondly plan their Relief, Security and Health Insurance programs and expenditures decades in advance. These are their war chests. It matters not what parties the people's vote may put in power, the bureaucracy which the Social Service Racket has planted in the government plan to rule the land as virtual dictators until they have accomplished their ultimate purpose.

ELEANOR ROOSEVELT STATES THE GOAL

What goal does Organized Social Service profess to seek? The clearest answer that has been made thus far is that given by Mrs. Eleanor Roosevelt when, in the company of Harry L. Hopkins, she addressed the American Public Welfare Association dinner in Montreal on the eighth of June 1935.

> "We want recovery in the United States, but not the kind of recovery we had when we had prosperity there."

Evidently they seek recovery without prosperity for the nation. As has been related, it is the custom of the Social Service Racket to feather its own nest exclusively, to seek prosperity for itself alone.

Such a brand of prosperity means national bankruptcy, precipitating misery, starvation, and a revolution which will establish a Social Service Fascism forever supreme. It will reestablish medievalism and feudalism that will make of the American people serfs and vassals. It will create a "managed economy," that will enable the lords of the Social Service Racket to weigh each crust that is put to each starving mouth, and will dictate each bodily function and the disposition of its products.

FUTURE DYNASTIC RULERS

It is quite pertinent to ask: "Who is intended to be the dictator and Fuehrer of this Fascism?" Though Mrs. Roosevelt failed to make clear who would be the beneficiaries of the brand of recovery that she and her group advocate, it is safe to say that her adherence to social service tenets would be certain to assign that role to social service and labor racketeers and their allies and to the multitudinous Roosevelt clan. Under the "New Deal" the latter have fared mighty well. In many of the government bureaus, such as the Navy Department, it is difficult to make one's way without stumbling over a Roosevelt, a Delano or other kin of the dynasty. It is said that numerous of the "New Deal" appointees have been picked from the family tree. Never in American history has nepotism been more prevalent.

Though the nation has picked two of its executives from the Roosevelt family tree, it is hardly likely that while sane, it would voluntarily choose another. For though these eras have been highly prosperous for the Roosevelt

clan, which has converted the nation's government into a private preserve, they have been singularly disastrous for the nation. The demagoguery of both presidents has been publicized and propagandized as "liberalism" in the Bismarxian sense. But it has plunged the nation into a class war which is the worst type of civil war; and it has spelled untold misery for the deluded populace. The nation would do well to forswear such leaders. It is doubtful if it can stand another of them, or of any other elective dynasty and survive.

Others of the "New Deal" clan have been mentioned as successors to the rule. Harry L. Hopkins is really the "brains" of thepresent regime and is regarded as one of the family. Cordell Hull is steeped in the same dye and imbued with the same doctrines. They and others might fall into the roll of Dictator. But it is doubtful that they would retain their positions long. Finally Bismarck's followers would emerge supreme from the wreckage which his "New Deal" will have created.

"GRAPES OF WRATH"—CHIEF PRODUCTS OF "NEW DEAL"

The principal products of seven years of the "New Deal" are the "Grapes of Wrath." They are counterpart of the wretched victims of the Bismarxian doctrines in Germany, England, France and other lands. Characteristically, however, they are blind but staunch supporters of the very doctrines, propaganda, and regime which have destroyed them. They are duped and befuddled by the hypocricy that pretends to espouse their cause at the very time it is most shamefully betraying it.

It is not surprising that this is the case. For the pretended purposes of the measures of Bismarck's "New Deal" and of its counterparts are exemplary. No one can find fault with the concepts of "security" and "the abundant life." The snare lies in their use as shibboleths and blinds for the purpose of attaining the very reverse of the pretended objectives—revolution, seizure of dictatorial power and destruction.

It behooves us to consider whether this is what we wish to do with the freedom for which the nation's founders fought. Shall we confirm the Social Service Rackets and their allies in their growing power? Or is there a real remedy for the problem of unemployment, insecurity and economic collapse?

CHAPTER XI.

A JOB FOR EVERY MAN

A TRUE solution of the problems of health, security and happiness is bound up in the philosophy and practice of social organization. In final analysis it is thought and ideas which rule the world. Unfortunately there has been so little thought given to the problem that the solutions that have been offered, whatever their labels, especially if they be Communism or Fascism, in their ultimate form are merely identical aggravations of the evils of our traditional system.

Any quest for a solution must begin with a clear and unequivocal expression of the problem:

What is the axiomatically basic function of Government?

The reply is obvious:

Without life, there can be no government.

Therefore the basic function of government is to enable its citizenry to live.

Since raw materials of the necessities of life are essential for existence, the basic functions of government requisite for its continuity are:

First, to make available stores and reserves of the necessities of life both for immediate need and against times of disaster.

Second, to make it possible for its citizenry to obtain the wherewithal to purchase those necessities.

BARRIER TO GOVERNMENTS IN PERFORMING THESE BASIC FUNCTIONS

No government now undertakes to perform these basic functions except in the case of emergency and war. The reason for this is obviously that the character of the economic organization of society bars the way. The idea which is the cornerstone of that economic organization is the so-called "law of supply and demand."

The fallaciousness of this so-called "law" is most simply revealed by the illustration used in elementary textbooks on economics for the very purpose of demonstrating its validity. It reads:

Three men are stranded on a desert island. Only one of them has barely enough of the necessities of life for his own needs. Consequently, the economist relates, the price of those necessities would rise to a high level. For the demand exceeds the supply and scarcity lends value, he reasons.

"LAW OF SUPPLY AND DEMAND" IS A FALLACY

But the conclusion which the economist draws is obviously fallacious.

Any man who under those circumstances would undertake to sell as a matter of business the irreplaceable commodities which he requires for the preservation of his own life would be either stupidly avaricious or insane. He might share them with his fellows as a matter of humanity; but to trade in them would be equivalent to trading in his own life.

Quite as absurd is it for nations to permit their commerce in the necessities of life to be dominated by the supposed operation of the "law of supply and demand." It is absurd not only because it means a scarcity economy that is rendered entirely needless by the abundance which man can now derive from Nature; but also because it bars the government from performing its function of making available to its citizenry the raw materials of the necessities of life by enabling the creation of reserves and surpluses.

The idea of a "supply and demand" economy is even more absurd because it exists only for today and gives not a thought to tomorrow. The demand of a nation for the necessities of life, like the population, remains relatively constant. Likewise, though vagaries of Nature may cause variations of supply from year to year, the average productivity of the land remains constant. Even primitive man realized this clearly, as is illustrated in the Biblical story of Joseph and Pharaoh.

SPECULATION, IN REALITY, DETERMINES PRICES

In reality, a study of the events of the past twenty years reveals that it is neither supply nor demand that determines prices of the raw materials of the necessities of life. This becomes apparent from the fact that the price of wheat was many times higher during 1919, when there was a bumper crop, than it was in 1932, when there was an actual shortage. These facts impelled Professor Warren, the Cornell authority on chicken and "New-Deal" economics, to advance the explanation that it is the relation of the supply and demand of a commodity to the supply and demand of gold that determines prices. But this is a rather complicated formula for the simple fact that it is neither supply nor demand but speculation that determines prices.

The manner in which speculation prevents the setting up of surpluses of the necessities of life, which constitute the only real security for the nation and the individual, requires little explanation. The holding of reserves by the government or by individuals acts on the speculative market as an excess supply, and depresses prices. Drop in price reduces profits and forces a reduction in production, which in turn forces using up of reserves.

BRUTAL APPLICATIONS OF "SUPPLY AND DEMAND" TO HUMANS

Applied to labor and human values, as justified by Karl Marx's Socialism, by Communism and by labor organization, the so-called "law" is even more destructive. In its converse expression, "scarcity alone lends value," the "law" demands restriction of the supply of human beings. The term "social" cannot be applied to such an organization which makes man serve it as victim and sacrifice. The birth control movement, the purges of Hitler and Stalin, the merciless condemnation to misery and death of refugees, the destruction of the

livelihoods and futures of younger generations, national and racial antagonisms—sacrifices to the Moloch of human scarcity—are all natural outgrowths of such economic concepts.

THE OBVIOUS REMEDY AND ITS PRECEDENT

The remedy is to cut the Gordian knot, to eliminate speculation in the raw materials of the necessities of life, thus enabling the government to set up surpluses and reserves of them. How this can be done successfully with no violation of the concepts of sound government is demonstrated by the instance of gold. Speculation in gold has been eliminated by the government engaging in the process of buying and selling the metal at a set price. This enables setting up reserves of gold without depreciating its price. The government issues against the stored gold, paper bills which are nothing more than receipts for the gold.

The same process of monetization could be extended to a wide array of staple raw materials of the necessities of life. This could be done with even better justification than in the case of gold. For in final analysis it is not gold which gives money its value; for it has few uses and is not essential for the maintenance of life. It is the acceptance of money in exchange for the necessities of life which gives it its value. The real security underlying our money consists of the supplies of necessities and luxuries of life and the raw material required for their production. The only change that would be required in our present monetary set-up would be an acknowledgement of the staple raw materials of the necessities of life, that can be stored for long periods, as the real base of our currency by an amendment to the much amended Currency Act of March 1900. This amendment would extend our currency base to include the staples and would set their monetized value preferably at some multiple of the average price over a period of thirty years.

EFFECTS OF WIDENING CURRENCY BASE

The inclusion of the staple, raw materials of the necessities of life in a nation's monetary base would enable the government to perform its axiomatic function of setting aside reserves and surpluses of those staples as reserves against times of scarcity and need, and would make them available at all times for purchase by its citizens. Fear of over-production of those staples under these circumstances would be as idle as it is today.

WOULD END UNEMPLOYMENT AND CREATE FREEDOM OF EMPLOYMENT

This same device, widening the currency base and the monetization of staples, would enable a government to put an end to unemployment by creating absolute freedom of employment. Without this freedom, all other types of freedom assured citizens by documents—freedom of life, liberty and pursuit of happiness—are meaningless. For without the absolute right to employment and to earn an adequate living the citizen cannot even enjoy the freedom of life.

UNTIL OUR GOVERNMENT HAS CREATED AND GIVEN SUBSTANCE TO THE IDEAL OF FREEDOM OF EMPLOYMENT THAT IS IMPLIED BY OUR CONSTITUTION, WE CANNOT CLAIM TO HAVE FULFILLED ITS LETTER, NOR CAN WE CLAIM TO BE A DEMOCRACY.

By freedom of employment is not meant the "right to organize" into labor unions. For that implies the substitution of one form of coercion, economic, by another, that of labor unions.

Freedom of employment also can not be effected by placing a host of persons on the Government payroll. Quite as ominous as the Relief rolls is the steady growth of the number of government employees, and the spectacle of hordes seeking Civil Service employment because it alone offers security of employment to many. Government employees, as a rule, do not produce or increase the resources of a land but deplete it. Parasitic bureaucratic systems eventually destroy the lands on which they prey.

FREEDOM OF EMPLOYMENT CAN BE PRODUCED ONLY BY A SOCIAL ORGANIZATION WHICH GIVES MAN THE FREEDOM OF CHOICE BETWEEN ACCEPTING EMPLOYMENT OFFERED HIM BY ANOTHER OR OF CREATING ADEQUATELY PROFITABLE EMPLOYMENT FOR HIMSELF.

FREEDOM OF EMPLOYMENT NOW POSSIBLE ONLY IN GOLD PRODUCTION

That a form of social organization which creates freedom of employment is possible, is indicated by the fact that our law and government do create it in one direction. Under our present law, the men who can go out and pan gold in sufficient amounts are given freedom of employment that is adequately and assuredly profitable. No matter how many men engage in the production of gold, no matter how much is produced, its price remains unaltered. They can be certain that if they can pan a definite amount of gold they will have enough for all their needs. This contrasts sharply with what would happen if an equal number of men engaged in any other form of production; for them the more they produced the less it would be worth.

It is truly absurd that gold should be the only commodity the production of which and the producers of which are adequately protected by a law which gives form to the dictates of our Constitution. For it alone among the commodities is useless—so useless that it is taken out of one hole in the ground and buried in another at Fort Knox.

WIDENED MONETARY BASE WOULD STIMULATE EMPLOYMENT

Not only has the monetization of gold created freedom of employment in its production; it has also tremendously stimulated employment and wages in that field. Obviously widening the monetary base to include a wide array of commodities, the staple products that are the raw materials of the necessities of life, would stimulate employment in many different directions. It would also enable creating absolute freedom of employment with the aid of another simple device.

The inclusion of staple raw materials of the necessities of life in the currency base of England was advocated by J. Maynard Keynes in an address before the British Association for the Advancement of Science in August 1938. He rightly pointed out that it is not only rational but is also essential for the continued solvency and survival of Great Britain. In the adoption of an international barter system, Germany had already led the way before the outbreak of the present war. France and England have already announced their adoption of the plan in their international trade. General Franco also announced, in his 1940 New Year speech, the adoption of a staple currency by Spain.

"MONOPOLY OF MACHINERY OF PRODUCTION" IS A MYTH

In order for a man to employ himself he must be able to command the use of some machinery of production. Orthodox and radical economic thought subscribes to the idea that there exists a monopoly of the machinery of production by a small group of wealthy dynasties and corporations. But this idea is patently false.

The ultimate machineries of production are two—human ingenuity, and the earth and elements which are the sources of the raw materials. It would be ridiculous to pretend that any six hundred families or ten thousand corporations have a monopoly of human ingenuity. The elements are relatively uncontrolled. Of the other machinery of production, the land, this group controls scarcely one percent in the United States. The largest owner of land in the United States is the Government, the people themselves. Our governments control well over fifty percent of the nation's land. Over twenty percent are included in the Federal parks and reservations alone.

GOVERNMENT LAND CAN BE REAL ASSET

With regard to government lands there exists in the United States a curious situation. They are carried on the government's ledger as liabilities together with the many billions of debt. As they are handled today they are really liabilities. They produce nothing, cost much to maintain and police, and eventually are given away to speculators or to homesteaders on the speculation that they will be able to hold out.

But this land situation is unquestionably absurd. The land could be converted readily into a very real asset that would salvage the nation's solvency and credit by a very wide margin if the disposition of the Crown Lands of England were followed as an example. The Crown Lands are usually not alienated from the Crown, but are leased for production for a percentage of what is produced.

(A large section of this land must be put to some form of intelligent use, if we are to avert its conversion into a desert due to the operation of a number of factors. The most obvious of these factors such as failure of flood control, ploughing up arid land that should be left sodded, and deforestration, are the least significant of them. The most important factor is the tremendous drop in the underground water level. This level has dropped over one hundred feet under the Central States. Primarily responsible for this situation is the drain-

ing of oil and gas from the earths crust. Water drains down out of the upper levels of the soil into the deeper formations to fill the emptied oil and gas spaces. Consequently normal precipitation of rain would not suffice to keep the soil moist enough to sustain crops, even if the dryness of the soil did not bar the possibility of normal precipitation. Attention must be turned to the land to restore ground water levels.)

AND HELP CREATE FREEDOM OF EMPLOYMENT

Following the example of England, the United States could lease its lands for production and thus convert them into assets. With the widening of the currency base to include the staple products, it could go even further. It could utilize these lands for the creation of true freedom of employment. It could offer to lease to all who care to do so, as much land as each individual can work for the production of staple products at a rental consisting of a percentage of the production. Instead of frittering away the national wealth on a dole system, and stimulating sloth and shiftlessness, it could undertake to lend the money for financing purchase of machinery of production with the proviso that the loans be amortized in kind by a part of the staples produced. By this plan the nation could eliminate unemployment within a period as short as sixty days after its adoption and would put an end to all crackpot or subversive movements such as Communism, Fascism, the Townsend plan, the Ham and Eggs movement and numerous others.

WOULD RESOLVE IRRATIONALITY OF UNEMPLOYMENT PROBLEM

Such a solution of the unemployment problem is an eloquent commentary on the irrationality of the problem itself. So stereotyped has been the consideration of the problem that no thought has been given to its absurdity. The unemployed, like the rest of mankind, require their share of the necessities and luxuries of life. In producing those items for themselves lies the obvious solution of their unemployment.

The Antigonish movement that has converted a pauperized group of fishing villages in Newfoundland into a prosperous and model community, attests to the potentialities of such a solution. It contrasts sharply with the persistent accentuation of the unemployment problem that has resulted from the plans of the subversive, radical and "New Deal" groups that are more bent upon stimulating class hatred and wars than employment, prosperity and peace. The country was well on the way to arriving at such a solution in the barter plans of 1933, when the advent of the "New Deal" put a stop to the rational solution, resuscitated the banks and then rescued the old economic setup which repeatedly has proved unworkable.

Such a plan would satisfy every legitimate element in the community. It protects those that have in the possession of that which they have. It also enables those that have not to produce that which they need. It would make obvious the absurdity of the idea that the only possible solution is the dishonest concept of "distribution of wealth", which in ultimate analysis is merely a distribution of poverty. It eliminates the idea that accumulations of reserves

or wealth are a menace to the nation. It does this by eliminating the only real danger of such accumulations, which is the paralysis of the currency system resulting from irrational restriction of currency.

At the same time it would dispel forever that irrational attitude which demands security and at the same time decries the setting up of savings and reserves of the necessities of life, which alone offer real security. The current idea that bookkeeping balances offer security is absurd. Above all else it would eliminate the real basis for strife between the "haves" and "have-nots", whether those groups be within the same community or in different nations.

OFFERS STABILITY OF TRUE CAPITALISM

It is only such a plan that could make the United States the capitalist state that many folks falsely fancy that it is. It obviously is not "capitalist" in the sense of making the private ownership of property secure, for there has been no real security in ownership, especially during the past decade. Ours has been a speculative economy that is as much the antithesis of true capitalism as are the theories of Communism or National Socialism. In fact Communism in its ultimate development assumes the form of an autocratic super-capitalism.

A democratic capitalism, it is safe to predict, is the only form of social organization that ever will be secure. For it is rooted in the very trait of possessiveness inherent in human nature which theorizing radicals have pretended it is possible to root out merely to find that it had mastered themselves. If a form of social organization that is rooted in human nature cannot succeed, certainly no other has any chance whatsoever. True capitalism protects those who have and makes it readily possible for the "have-nots" to fill their needs and join the ranks of those who have.

ADOPTION AND SALVATION MAY BE FORCED ON NATION

The possibility, nay the probability, of the United States and other nations being compelled to adopt such a solution is high. A garbled form of it, that serves to accentuate present-day evils as well as to help bankrupt the Treasury, has been adopted in Secretary Wallace's "Ever-Normal Granary Plan" which subsidizes the speculators in commodities at the expense of the nation. Another garbled form of the plan is being advocated by the many millions of followers of Father Coughlin, who "borrowed" it, made it the basis of his Social Justice movement, and thereby discredited its value. Likewise the National Grange and two other equally important farmers' organizations are advocating a garbled form of the plan, the "commodity dollar" plan of Professor Irving Fisher, which would make their status and that of the nation worse than ever by encouraging speculation in commodities, in gold and gold content of the dollar. Breakdown of such plans will eventually lead to a "staple product currency."

In the field of international trade and commerce, such a plan, or its barter equivalent, would offer the only possible solution of the present impasse created by the total breakdown of the gold standard system in the settlement of international trade balances. It would go far to eliminate the struggle

for raw materials which underlies our wars and would make for international amity by making national trade barriers unnecessary and anachronistic.

OFFERS A JOB FOR EVERY MAN

Such a solution would prove disagreeable only to the Social Service groups because it would eliminate any need for them by eliminating poverty. But the blow would be broken by the fact that it would be possible for them to substitute employment profitable to themselves and to society for their present parasitic activities.

Sir William Salter has said of such a plan that it would make all Americans millionaires and they would then refuse to work. But the nation might well risk that. It would mean, at any rate, a job for every man.

An attempt to solve mankind's problem in the suggested manner would indicate a sincere desire to remedy the situation and improve man's lot. The Communist, Nazi, and "New Deal" programs, on the other hand, can only serve to deliberately aggravate the situation.

POSTSCRIPT

I am well aware that some of the sections of the book are classed as "must not" material, and efforts of suppression or reprisal may be made. On June 10, 1935, after I had published some of the material that is incorporated in the second and fifth chapters, I was visited by a prominent Federal agent on a "special diplomatic mission" from the powers-that-be. He informed me that they did not deny or question the truth of what I had published, but found its publication embarrassing. They therefore asked me to cease distributing the publication, or else—

I had been trailed for three months, he informed me, and evidence had allegedly been obtained that would be used to silence me. Little fearing the threat, I replied, in the presence of witnesses, that the nation is still living under a Constitution despite the sentiments of some folks to the contrary and their efforts to nullify it; that it assured freedom of speech and press; and that I would exercise the rights and privileges granted under it, barring the imposition of an open censorship. If I abused the privileges, I asserted, I was prepared to abide by the consequences that might follow from the normal course of the law. I also pointed out that if in the course of their investigations they had found that I had violated the law, the course which they were pursuing constituted connivance and infraction of the law.

In addition I submitted to the authorities additional documentary evidence which I have not published. On the following day, I was assured, in the presence of witnesses, that the matter had been dropped and I would not be annoyed any further.

Part II

Your Life Is Their Toy

THE MEDICAL RACKETS

By

EMANUEL M. JOSEPHSON, M.D.

CHEDNEY PRESS

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EMANUEL M. JOSEPHSON, M.D.
1940

"The bane of modern medicine is a merciless commercialism. . . ."

DEAN LEWIS, *Johns Hopkins Hospital*, October 1937

"At the present time the electorate of the American Medical Association is apathetic and inarticulate. . . . It is allowing the medical politicians to run things about as they please, and official spokesmen . . . hurl their thunderbolts of wrath at all who differ with orthodox doctrine."

DR. JAMES H. MEANS, *President of the American College of Physicians*, April 6, 1938

"'Apathetic and inarticulate?' 'Muzzled' would have been a truer word" heatedly editorialized the *New York Times*, April 8, 1938.

CHAPTER I.

MERCHANTS IN MEDICINE

ORIGINS OF THE AMERICAN MEDICAL ASSOCIATION

AN ADVERTISING quack was the "leader" of the American medical profession and the boss of American Medical Association during the last four decades. But this would not surprise informed persons; for commercialism of "leaders" of medicine is one of the oldest traditions in this country.

Thus we find in the laws of Virginia of 1639, reenacted in 1646, the following disquisition on medical commercialism:

> "Whereas by the 9th act of the Assembly held the 21st of October, 1639, consideration being had and taken of the imoderate and excessive rates and prices exacted by practitioners in physic and chyrurgery and the complaints made to the then Assembly of the bad consequences thereof. It so happening through the said intolerable exactions that the hearts of divers masters were hardened rather to suffer their servants to perish for want of fit meanes and applications then by seeking reliefe to fall into the hands of griping and avaricious men."

The law provided that a physician could be arrested and haled into court if accused of excessive charges. Then also there existed the tendency to blame the consequences of avarice of men on the medical profession.

No doubt there were in the profession then also men who were imbued with the spirit of research and service to mankind. But the very character of such men bars them from success in the sordid game of medical politics. The bosses or "leaders" of organized medicine are generally the least scrupulous members of the profession, men who care least for the value of human life, who play the game without conscience for the highest profits; and rarely are they derived from the rank of true scientists and healers.

The entire early history of medicine in this country was a commerical war upon competitors by these medical bosses, who termed themselves "regular" practitioners. Looking backward we now realize that many of these medical merchants were no less quacks than were some of the groups that they presumed to attack and persecute, and sought to drive out. Much of their "accepted practice" we now know was rank murder. Among these murderous practices were copious bleeding and medication with large doses of tartar emetic. The short expectancy of life in those days was due in no small measure to the medical practices of the "regulars." George Washington, for instance, because he had quinsy, was bled to death by a "regular" doctor.

At least one school of practitioners of the time, the homeopaths, whom the "regulars" sought to bar from practice, represented a distinct advance.

Their small doses did not poison patients as did the copious doses of the "regulars."

STATE MEDICAL SOCIETIES GAIN AND LOSE LICENSE POWERS

History has a curious way of repeating itself in medical politics. The "regulars" organized themselves into State Medical Societies and played the game of politics with the same signal success as characterizes their successors' activities. They secured the passage of laws which gave the right of medical licensure to their Societies, together with many other privileges. These powers they used to create for themselves monopolies of medical business. Competitors were labelled "irregulars" and "quacks" and were denied the right to practice. Consultations of their members with the interdicted groups was barred; and those who refused to accept the discipline were persecuted.

Since the operation of medical schools was the most lucrative phase of medicine (and it still is) the bosses of the Societies established for themselves a monopoly of medical education, and drove competitors out of business on the pretense of "elevation of the standards of medical education" and "the protection of public health." The discipline which was designed to further the commercial interests of these groups was given the specious name of "ethics." No more false use has ever been made of the term "ethics." But even in those days medical politicians were shrewd publicity men.

The power of these State Medical Societies and of their bosses under the early medical license laws waxed greatest about 1825. Openly and brazenly the powers granted by the laws were used to established monopolies of medical practice for the boss medical merchants and to mulct the public. The bitter commercial rivalry between individual medical bosses, and their shameless wars for monopoly of the medical school business, became public scandals. As a consequence, these laws had been repealed in almost every state, and the State Medical Societies were shorn of their powers, before the end of 1849.

AMERICAN MEDICAL ASSOCIATION FORMED

The medical merchants resolved to retain their monopoly of medical practice and to bar competition by flaunting and circumventing the law through a monopoly of medical education. It was for this purpose that the American Medical Association was organized on May 11, 1846, at a convention of the discredited State Medical Societies held in New York City. Dr. Nathan Smith Davis of New York City was the moving spirit of the Association; and in later years he became the first editor of its Journal.

The objective for which the American Medical Association was founded, a monopoly of medical practice and of medical education, was not attained under the regime of Dr. Davis. He lacked the cunning, the ruthlessness and the unscrupulousness requisite for the task. During his regime the organization remained a loose assembly of State Societies, all jealous of one another. The membership represented medical schools that were competing

bitterly for business and destroying the very monopoly of medical practice which they sought. Amidst the dissension, new medical schools were cropping up daily, and the competition became more highly intensified than ever. Even powerful medical bosses could hardly get together enough students to make a decent living.

"DOC" GEORGE H. SIMMONS, QUACK

Upon this scene there emerged in 1899 "Doc" George H. Simmons, a monumental figure in the field of medical quackery and racketeering. He openly ruled the American Medical Association during the next twenty-five years and attained the objectives for which it had been founded.

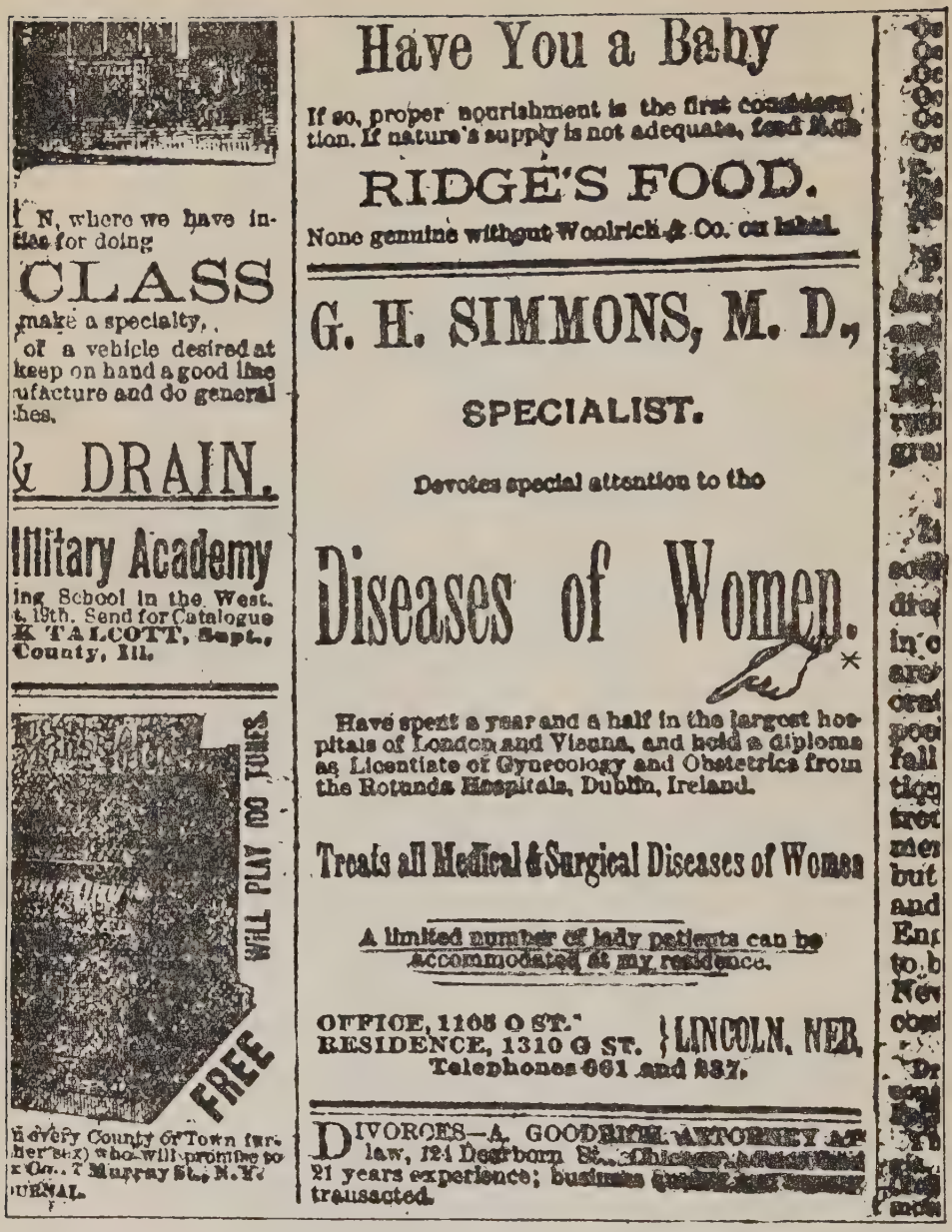
Immigrating from England in 1870, he promptly entered the newspaper field, becoming editor of the *Nebraska Farmer,* associate editor of the *Nebraska State Journal,* and field correspondent for the *Kansas City Journal.* He was an unscrupulous but astute politician.

Impelled by the "get-rich-quick" spirit, Simmons left the field of journalism in 1884 and launched on a career of medical quackery in Lincoln, Nebraska. There is no evidence that "Doc" Simmons had ever had any medical education, or any formal education. But this did not deter him from making conflicting claims to education in existing and non-existent institutions in quack advertisements of his professional talents in the Lincoln newspapers. In some of his advertisements he called himself a homeopath. In others he announced himself to be a "licentiate of the Rotunda Hospital of Dublin;" though, unfortunately for his claims, the hospital never issued any licenses. Later in life, Simmons claimed attendance at Tabor College, Iowa, and at the University of Nebraska, which claim is equally questionable.

In short, without any authenticated medical education "Doc" Simmons launched into business as an advertising quack. Even for those rough and tumble days of medical racketeering his newspaper advertisements were most lurid. He declared himself as a universal specialist in diseases of men, women and children. Boldly he announced "A limited number of lady patients can be accommodated at my residence"—which in those days was the form of announcement of abortionists. In addition to his personal advertising, "Dr." Simmons' name was also carried by the newspaper advertisements of a beauty and massage parlor, and of a fraudulent sanitarium, the Lincoln Institute.

By the royal road of quackery and worse, "Doc" Simmons rapidly rose to wealth and influence. His political activities soon gained for him the position of secretary of the Nebraska State Medical Society and of the Western Surgical and Gynecological Society. He put to use his experience in journalism, and founded and became the editor of the *Western Medical Review.*

After rising to a measure of eminence as a medical merchant and quack, "Doc" Simmons decided, with an eye to scaling further heights, that the time was ripe for him to secure a medical degree. He got his only authentic degree from one of the many diploma mills which sold them through the mails. While he was practicing in Lincoln, Nebraska, the ubiquitous "doctor" was registered as a medical student many hundred miles away at the Rush Medical College in Chicago. The prescriptions and birth certifi-



QUACK ADVERTISEMENT OF THE ORGANIZER AND BOSS OF THE AMERICAN MEDICAL ASSOCIATION IN FORMAT USED BY ABORTIONISTS

The lines, "A limited number of lady patients can be accommodated at my residence," was the form regularly used by abortionists in their advertising in those days. The London and Vienna hospital experience and the Irish license are fictitious. This advertisement appeared at a later date than that of the Lincoln Institute, but years before "Doc" Simmons had obtained his diploma mill degree.

cates which he wrote almost daily in Lincoln, Nebraska, indicate that he there engaged in a very active practice while supposed to be attending courses at Rush Medical College. Evidently, he had no difficulty in being in two places at the same time.

In his position as officer of the Nebraska State Medical Society, Simmons shrewdly played the game of politics in the badly disorganized parent organization, the American Medical Association.

"DOC" SIMMONS SEIZES CONTROL OF A. M. A.

In 1899 he seized control of the moribund American Medical Association. He had himself appointed organizer and undertook to build up the membership. He was also appointed secretary of the Association and editor of its Journal. In 1901, at the St. Paul Convention, the Association was officially "reorganized" and Simmons grabbed for himself, in addition to his other jobs, the position of general manager of the Association. Thus "Doc" Simmons, notorious advertising quack and abortionist, self-avowed "homeopath," and diploma-mill licentiate, became the boss and dictator of the official organization of "regular" medicine, the American Medical Association.

"Doc" Simmons surrounded himself with a crew as unscrupulous as himself. One of his most trusted lieutenants was a Secretary of the Kentucky State Board of Health, who at one time had been arrested for a shortage of over sixty-two thousand dollars in his accounts. He did not even bother to deny the criminal charges, but came to court armed with a Governor's pardon.

The bosses of the A. M. A. had been well schooled in the game of politics. With their aid, Simmons promptly went about the task of making the American Medical Association pay him and his gang higher returns than had the quack and abortion businesses or the Lincoln Institute. As spokesman of the official organization of the medical profession, Simmons gained complete control of immensely rich and almost virgin fields for exploitation. No more perfect combination can be conceived than the "genius" of an unscrupulous quack and the complete control of organized medicine to insure a highly profitable enterprise.

The tactics by which the medical rackets were built up are related in the following chapters. They include sham representative government, stuffed ballot boxes and all varieties of fraud and illegality, organization steam-roller, intimidation, libel, slander, strong-arm tactics, suppression of freedom of speech and publication, destruction of competing organizations and publications, monopolistic control of medical advertising that, combined with extortion and blackmail, won them a strangle hold on the drug and related industries. They also included alliance with the more unscrupulous and dangerous political and social forces that could not be mastered, censorship of the press, and every type of villainy that could conceivably further their sought objective.

"CODE OF ETHICS" DICTATED BY A QUACK

In this manner medical racketeers once again attained the objective gained and lost in the first quarter of the nineteenth century—an absolute control of the medical businesses.

It is ironic to consider that it was an unregenerate quack who dictated the "code of ethics" which the member physicians of the A. M. A. accept. Its origin gives some insight into its commercial character.

Under the regime of Simmons and his henchmen the American Medical Association utilized the control of the press, which it had gained, to dispel the malodor of its origin. Simmons resigned as editor in 1924, and became editor emeritus and general manager, where he remained, until his death in 1937, the man behind the throne. He appointed in his place Dr. Morris Fishbein to perpetuate the regime.

Fishbein proved himself a worthy successor. With Simmons lurking behind him he carried the Association to new heights of quackery and of power and dominion over the medical profession, medical education, the press, and the drug and allied interests.

U. S. SENATE EXPOSES SIMMONS' QUACKERY

It is an interesting commentary on the "principles" which guide medical politicians that so long as "Doc" Simmons lived, his henchmen stood ready to defend him to the last ditch. Thus, during the Investigation of the Administration of the Federal Food and Drug Act by the U. S. Senate Committee on Agriculture and Forestry, during the seventy-first Congress in 1930, Olin West rose bravely to defend his chief, Simmons. ("Hearings," p. 292-295):

"Senator Wheeler. I have just been handed, by a gentleman over here, an article appearing in one of the State journals:

"'How to enlarge your practice. George H. Simmons, M.D., editor emeritus of Journal of A. M. A. Reprinted from Lincoln (Nebr.) State Journal. Ridge's food. None genuine without Woolrich & Co. on label. G. H. Simmons, M.D. ————————'

"Doctor West. What is the date of that, Senator, may I ask?

"Senator Wheeler. I could not say.

"Doctor West. What has that to do with this particular matter?

. . . . .

"Senator Wheeler. I was just wondering if that was an advertisement that the council would approve of.

"Senator Copeland. Is that the Doctor Simmons who was formerly editor of the Journal of the American Medical Association?

"Doctor West. I do not know who he is. I have not seen it.

"Senator Wheeler. He says he was formerly editor of the A. M. A. Journal, and now is editor emeritus of the Journal.

"Senator Copeland. This, I take it, was one of the indiscretions of his youth.

"Senator Wheeler. I do not so understand.

"Doctor West. Mr. Chairman, this is exactly in line with the manoeuvers that have been carried on with regard to other matters. This is an advertisement which I think—I cannot tell you definitely—appeared probably 35 to 40 years ago, and perhaps considerably beyond

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AND WATER CURE.

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ELECTRIC,
AND
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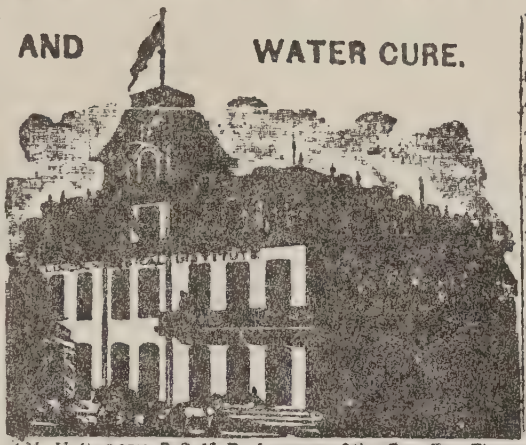

Special attention given to Diseases of the Eye, Ear, Throat, Lungs and Skin. Diseases of Women. Surgery in all its forms.

Accommodations for persons injured by accident.

Pleasant rooms and home comforts.

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G. H. SIMMONS, L.M., M.D. Dis of the Skin, Genito-Urinary Organs & Gynecology
J. E. REED, M. D., Diseases of Women and the Nervous System.

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DR. G. H. SIMMONS,

HOMŒOPATHIC PHYSICIAN AND SURGEON.

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Telephone 235.

Office and Residence,
Medical Institute, Cor. K. and 13th.
Telephone 287.

QUACK ADVERTISEMENT OF THE BOSS OF THE AMERICAN MEDICAL ASSOCIATION

This advertisement appeared in the Lincoln, Nebraska, newspapers years before he obtained his mail order diploma from Rush Medical College. In this license "Doc" Simmons represents himself as a homeopath. He grew more ambitious in his later advertisements and claimed to be a "licentiate of Gynecology and Obstetrics from the Rotunda Hospitals, Dublin, Ireland". Note the humbug "Compound Oxygen" Cure.

that time, even long before Dr. G. H. Simmons had any connection whatever with the American Medical Association. . . .

"Senator Wheeler. He is the same man?

"Doctor West. I think he is.

"Senator Wheeler. The same man who was the editor of the Journal of the A. M. A.?

"Doctor West. In later years. . . .

"Senator Wheeler. He is the same man who is now editor emeritus of the Journal of the A. M. A.?

"Doctor West. Yes, sir.

. . . . .

"Senator Wheeler. . . . It was put in here for the purpose of calling your attention to the fact that the man who was the head of the American Medical Association Journal, and who objects to all advertisements, was himself an advertising doctor . . . the point I am making here is that here is a man who was what you would call an advertising faker in connection with women's diseases, who afterwards became so rigid about advertisements going into the Journal.

"Doctor West. No, Senator; I do not say that.

"Senator Wheeler. The medical profession generally calls these doctors who advertise that they are specialists on men's diseases and women's diseases advertising fakers, does it not? . . .

. . . I am going to ask that that be inserted in the record.

"Senator Copeland. Both sides?

"Senator Wheeler. I have not seen the other side. Here is the other side of it, which had not been called to my attention.

'Lincoln Medical Institute and water cure. Turkish Russian, vapor, electric, and medicated baths.'

"Senator Copeland. Senator, really this has no bearing on the case, has it?

"Senator Wheeler. Except for the fact that the very man, I assume, who is now denouncing all these fake medical institutes and gonorrhea cures, and so forth, was formerly in that very business himself, apparently. I am glad to know that he has reformed, however, according to the doctor.

. . . . .

"Senator Wheeler. You do not permit advertisements of the character of that of Doctor Simmons to appear in the Medical Journal, do you?

"Doctor West. No. We do not permit any such advertisement; and if any doctor were to advertise in that manner today, we would oppose it, and expose it, and condemn it.

"Senator Wheeler. You would not permit him, as a matter of fact, to belong to the Medical Association, would you?

"Doctor West. No, sir.

"Senator Wheeler. That is correct; is it?

"Doctor West. Yes, sir. A man who would advertise in that manner today, would have charges preferred against him.

"Senator Wheeler. And he would be thrown out of the Medical Association."

FISHBEIN'S TRIBUTE TO "FATHER" SIMMONS

While Simmons was alive, Dr. Morris Fishbein understudied him. During this time, Fishbein was in the habit of telling friends "Simmons has treated me like a father."

Within a few months after Simmons had died, in January, 1938, I had occasion to question Fishbein from the floor at a meeting of the New York County Medical Society.

"Is it not true," I asked Fishbein, "that the leadership of the medical profession has been corrupt, dishonest and incompetent?"

Replying in the affirmative, Fishbein showed an admirable mixture of heartfelt gratitude and respect for the dead. "Doc" Simmons, he said, was hardly the type of man to lead the medical profession. But, he said, the character of Simmons' rivals for control of the A. M. A., Dr. G. Frank Lydston and other aspirants, were in his estimate of lower calibre than Simmons. Sic transit gloria mundi.

NEW YORK TIMES HEADLINES SIMMONS

An eloquent commentary on the perverted power of the A. M. A. is the obituary on Simmons in the September 2, 1937 issue of the New York *Times*. Under the headline "Noted For War On Quacks," it published a highly laudatory obituary on Simmons, the prince of quacks.

Editing or suppression of well-known information by the *Times* is not surprising; for its recognized policy is to publish only the news that can be made "fit to print." The surprising feature that demonstrated the ascendency of the A. M A. was the abandonment of an attitude of bitter antagonism which, since it has become subservient to Organized Social Service the *Times* has assumed toward the Association's personnel, when such an excellent opportunity for wholesome exposure presented itself.

A. M. A. SUBSIDIARIES AND AGENTS

The maintenance of power in the nation-wide medical organization depends upon alliances with subsidiaries and satellites. In every community, local merchants-in-medicine whose specialty is politics serve as allies and agents. Their reward is power, undeserved reputations which they gain from their control of medical licensure and education, large practices secured through a monopoly of medical institutions and the advertising which they yield, and incomes that are dependent on the privilege of preying on the public which the monopoly of the institutions gives them. They are limited solely by their greed and the capacity of the public to suffer and pay.

The agencies through which they operate are the subsidiary county and state medical societies. From among their bosses there are chosen each year the figure-head presidents, officers, and dummy directors, of the A. M. A. In return for a free rein in their local territories, they do not "horn in" on

the enterprises and boodle of the national organization bosses for whom they act as stuffed-shirt fronts.

Simmons made the position of his group impregnable. They own the A. M. A. and dictate its activities. The subsidiary state societies, such as those of Illinois and New Jersey, have attempted to revolt repeatedly, but have been whipped back into line.

MEDICAL LEADERS FEAR RACKETEERING OVERLORDS

To what extent the local medical powers are intimidated and fearful of the overlords of the medical rackets is made apparent by the following letter to me from a prominent physician:

> "I have been in practice here since 1896, and I now feel very much the hypocrite because I have ridden on the bandwagon of organized medicine ever since the present American Medical Association was set up. I have been twice the President of the local organization and for several years one of the counselors of the ———— State Medical Association.
>
> "I EXPECT TO KEEP ON RIDING THERE EVEN THOUGH I KNOW THE RACKETEERING CONDITIONS EXISTING IN THE ORGANIZATION. I knew Dr. George H. Simmons, now deceased, President Emeritus and dictator extraordinair of the American Medical Association when he was a homeopathic quack out in Lincoln, Nebraska, and using bill boards for advertising; shades of Munyan and Brinkley, either one of them was far more ethical than was George H. Simmons. Furthermore, I know just how he got his diploma as a regular physician, BUT I AM NOT GOING TO STICK OUT MY NECK ENOUGH TO TELL IT TO SOMEONE IN WRITING.
>
> "I also know all about the specialists with certificate rackets now being practised. I also knew Franklin Martin's F.A.C.S. racket at its inception at the American Congress of Surgery, Obstetrics and Gynecology. I also know all about the Frank Smithes' F.A.C.P. racket. I also know all about the Willys Andrews families and many N. S. Davis families and their relationship to the past and present organization of medicine.
>
> ". . . I am just writing you these things to let you know why I cannot assist you in writing up the history of medicine in this section of the country. I want you to know that I do not hate any of these men past or present, including Morris Fishbein, the present Hitler of medicine, and Olin West, the Goering of medicine. In fact I have to admit to you my association with them has been happy and pleasant, but having grown up in the old spirit of ethical medicine it rankles me to know what is going on and that I can do nothing about it.
>
> "I wonder if you saw the play *"The Servant In The House"* many years ago. If so you will recall the character of the drain man who found all of the filth of the Church of England in the drains and sewer beneath the church and the rectory. That is what I know about our organization from its inception to the present day. NOW CAN YOU

WONDER THAT I FEEL THAT I AM A HYPOCRITE FOR RIDING ON THE BAND WAGON OF SUCH AN ORGANIZATION WHEN I KNOW WHAT IS BENEATH?"

MEDICAL BOSSES PREY ON RANK AND FILE

Increasingly it has become the practise of the local medical bosses to fill their purses from the treasuries of their organizations. An unsuccessful attempt of this type was made in the New York County Medical Society in January 1940. The Old Guard representing organized medicine, including Drs. Charles Gordon Heyd, Alfred M. Hellman, Clarence Bandler and Samuel J. Kopetzky, have been fighting a losing battle on the cohorts of the Social Service Racket and their radical and Communist allies, led by Drs. Ernest Boas, Henry B. Richardson, Carl Binger and Giles W. Thomas, for the control of the Society and its funds.

Since the Society is ruled by its secretary, the Old Guard undertook to assure its control by giving its henchman, Dr. B. Wallace Hamilton, secretary, a five year contract at double his past salary, or twelve thousand dollars a year. Their opponents, who seek full control of the Society and its treasury for their masters and themselves, fought this maneuver with the aid of cooperating newspapers, and forced a cancellation of the contract.

The members of the Society are prepared to see the "crusading" social service and radical cohorts drain its treasury for salaries for their henchmen and utilize it for agitation for Socialized Medicine and for an intensified campaign of vilification and betrayal of the profession. They have already urged upon Mayor LaGuardia that physicians be denied the protection of Civil Service, security of tenure and an adequate wage, that are accorded to all other workers in public employ. This they have done through the "Coordinating Committee" of the five County Medical Societies of New York City. Thus does Organized Medicine "protect" its members in much the same fashion as the racketeer "protects" industry or Germany "protects" Norway.

CHAPTER II.

THE MEDICAL SERF AND ORGANIZED MEDICINE

COERCION of doctors into tribute is the secret of the present malevolent power of organized medicine. No attempt is made to mask this coercion. Thus, the Special Committee on New Members of the New York County Medical Society made the following report, in 1933, published in the Medical Week of February 10, 1934:

> "2. That membership in the County Medical Society be made more desirable to the younger men, so that they will find it advantageous to join, *instead of being coerced into joining.*"

But the Committee proceeded to recommend a new method of coercion:

> "3. That the efforts of the Special Committee on Hospitals and Dispensaries be enlisted in the approach to hospitals for having membership in the County Medical Society a prerequisite for staff positions."

In this manner the fondest dreams of "Doc" Simmons have been fulfilled by his heirs.

COERCION SUPPORTED BY LAW

The law has created for organized medicine many methods of coercion of the medical profession. In this both Federal and State governments have collaborated. The states have given the State Medical Societies direct or indirect control over medical licensure once again.

The Federal government, through the Emergency Relief Administration, delegated to committees representing the county medical societies its authority to appoint needy and destitute physicians to Relief rolls. These committees led the profession to understand that appointments might not be forthcoming to non-member physicians.

Another coercive measure is an amendment of the Workmen's Compensation Act passed by the New York State Legislature in 1935. This amendment, which is clearly unconstitutional, restricts the injured in the choice of physician to a panel drawn up by the county medical societies.

The City and State of New York have created such coercive devices as the following:

> The Commissioner of Hospitals of New York City, Dr. Goldwater, has made it a rule that the privilege of the use of the facilities of hospitals and appointments to hospital staffs shall be denied the physicians who are not members of the New York county medical societies. Thus the hospital facilities provided by the community for its ill have been prostituted to organized medicine.
>
> In an act providing for the licensing of nurses, physicians who are

not members of the New York State Medical Society were barred from signing affidavits that nurses must obtain from physicians to secure their licenses.

A regulation issued by Commissioner of Police Valentine of New York City in 1939, extended the right of parking autos in areas forbidden to all others, to the members of the New York State Medical Society and of kindred organizations. This means that only physicians who paid tribute to those organizations would be granted the privilege of rapidly reaching the bedside of patients in the forbidden areas.

Most perfect is the method of coercion given the Societies under the law passed by New York Legislature in 1939 permitting the formation of "non-profit" medical indemnity corporations. The regulations established for the administration of the law by the State Welfare and Insurance Departments give the societies the privilege of ousting physicians from the panel of those eligible, on any pretext that they devise. A more perfect set-up for the rackets of organized medicine could hardly be conceived—it will hold the profession's purse strings and extract and extort what it wills.

The medical societies are taking full advantage of these laws and regulations in coercing physicians to join their ranks and do their bidding.

EXTORTION AND INTIMIDATION PRACTICED

Among the physicians who thus are being coerced and subjected to the extortion of the twenty dollars, or more, membership dues of the county medical societies are the poorest members of the profession. They are the physicians who are forced by circumstances to seek Relief; who are forced to content themselves with the absurdly meagre fees allowed for Workmen's Compensation work. In order to become eligible for even these meagre fees, the New York County Medical Society has demanded of its members that they sign away such constitutional rights as the right of "privileged communication" which the law has provided to protect the interests of the patient, and the right to recover damages for injuries sustained as a result of any action of the Society.

Members also are compelled, on joining, to sign away their freedom of speech and publication. Non-members are robbed of these rights by a conspiracy between organized medicine and the press. The organization is an autocracy that reduces the individual physician to the status of a pawn and flaunts the law with impunity.

Some of these laws and regulations not only offer stigma and affront to physicians who refuse to join the Society, but also violate the Constitution of the State by illegal delegation of power; for the Constitution provides that the power to confer the rights and prerogatives of the practice of medicine belong to the State Department of Education. The discriminatory rights and privileges extended to the New York State Medical Society, a private membership corporation, exceed the power of the State itself. It eloquently bespeaks the impotence of the individual members of the profession and of the State itself against organized medicine, that these laws have not

been challenged successfully in the courts, in spite of their obvious unconstitutionality.

This situation gravely concerns everyone who is subject to human ills. Let us stop and ask ourselves:

> "What is the meaning of this coercion of a group of supposedly intelligent men who are licensed to practice medicine by the State, into a membership corporation whose charter states that it is primarily organized for the purpose of protecting the interests of its members?"

Obviously it does not even do that; for if it did, it would not find it necessary to coerce the profession into membership.

STRUCTURE OF THE AMERICAN MEDICAL ASSOCIATION

Organized medicine makes its bow to the nation under the banners of the American Medical Association, the American College of Surgeons and local academies of medicine. Because of the coercive laws and regulations, tens of thousands of physicians have been forced to join the A. M. A. Its membership comprises about 116,000 physicians, or three quarters of the profession, making it the largest medical organization in the country.

The American Medical Association is built up of local county, district and state medical societies that are interlocked by officership and directorate with each other and with the national Association. Dues paid by the members of the county societies filter into the larger units and finance them.

The county medical society is the cornerstone. It is a membership corporation. The qualifications for membership are a medical degree, the payment of annual dues, and the willingness of the officers of the organization to accept the member and his dues. Inasmuch as there is little reluctance in accepting dues, it is the dues which, as a rule, are the primary qualifications for membership. Neither competence nor reputability are signified by membership. On the contrary, the less reputable physicians invariably join to shield their malefactions.

NEW YORK COUNTY MEDICAL SOCIETY

The New York County Medical Society might be studied as a typical example of these societies. The sole privilege accorded to a member-at-large of the Society is the privilege of paying dues and of attending meetings. The latter is seldom exercised because little or nothing of scientific value generally is heard at the meetings, which cannot be found in the older textbooks and literature. The presentation of papers before the Society is regarded by its bosses as a mode of advertisement; or as a device for securing political advantages from other units of the organization. Presenters of papers are chosen chiefly for political and commercial reasons, not for scientific. The rarity of presentation of new discoveries, the officers of the Society justify on the ground that "the scientific preparation and level of intelligence of the membership is too low to permit understanding of new scientific discoveries." The true reason is the fear of the bosses that their reputations as authorities and their practices might be endangered by discoveries.

Even discussion, if any is permitted, is limited to members of a clique

whose names are advertised in the program. Late in the evening, there may be a call for general discussion, after most of the members have either gone home to bed or fallen asleep in their seats. Seldom will a member rise to discuss the paper. When one dares do so, there passes through the hall a stir which awakens even the sleeping members. The daring one will be permitted a minute or two of discussion, which is rudely interrupted in the middle of a sentence by the gavel of a presiding officer, with the remark, "Your time is up!" I write from many personal experiences.

The daring or uninformed member has violated the unwritten rule that none of the rank and file members may participate in the proceedings and discussions. Unpleasant things soon begin to happen to him. He feels the vengeful hand of the Society raised to enforce its discipline. Slanderous and sometimes libelous stories are circulated among the medical fraternity and among the public to the effect that the guileless or daring member is crazy or a radical. He is shunned and ostracized by timid colleagues and reviled by bolder ones. If he is connected with a hospital or clinic, he may soon find himself ousted on the ground of incompetence—a stigma on his reputation. No effort is spared by the organization to undermine his vital asset—his reputation.

The business meeting of the Society is conducted in the same manner. When the Chairman calls for old or new business, no member of the rank and file who values his reputation dares rise to propose a new measure. All business has been "pre-arranged" in Committee by the political bosses of the Society. If a member should arise to propose new business, he is promptly informed that no new business may be introduced directly on the floor or be voted on directly by the members present; it must be referred to the dominating committee.

MEDICAL ELECTIONS

Nomination and election of officers in the Society attain the height of absurdity in formalities. Under the constitution of the Society, it is practically impossible for the rank and file of the members to pick their own officers. Nominations perpetuating the regime of the inner clique are made, as "pre-arranged," by an officer of the Nominating Committee. Officers are elected two years in advance.

The activities of the County Medical Society vitally affect a number of commercial interests, including milk, insurance, and others. The officers of the Society are consequently carefully handpicked by agents of those interests who dominate the inner ring of the Society. The preferred candidates are men whose affiliations and dependencies make them pliable and subject to influence and domination. The selections generally are made on the basis of hospital affiliations. To guard against upset at elections by independents, severe obstacles have been placed in the way of the nomination of independents, in the Society's Constitution.

In the case of threatened loss of control of the Society by its established bosses, no crooked political device is neglected in the battle to retain it. I participated in such an incident as nominee, in 1927. Heads of hospital staffs forced their subordinates to stand in line for hours on the penalty of

losing their jobs, and vote as they were required. There were well-authenticated rumors of stuffing of ballot boxes and of deliberately fraudulent counts. I was informed by a friendly officer of the Society that I was counted out. It was then quite obvious that there were large financial stakes involved in the control of the otherwise apparently slumbering New York County Medical Society.

The New York *Telegram* commented editorially on this medico-political situation as follows (December 7, 1932):

"MEDICAL STATECRAFT"

"Elections are simple things with the Medical Society of the County of New York. We note the official ballot of the recent election of that body. There is no chance for the voter to become confused as to his choice. Each office has one candidate, except in the case of the censors and delegates to the Medical Society of the State of New York. There were three candidates for censor, and the instructions say, 'Vote for Three.' There were ten candidates for delegate, and the instructions say, 'Vote for Ten.' The voters were, however, permitted to 'cross out names of candidates not voted for.'

"It remained for the doctors to simplify statecraft beyond even the braves of Union Square."

REWARDS OF THE MEDICAL SERF

Gag rule and steam roller prevail in all the activities of the Society. The member who is not satisfied to be repressed by such rule is eventually either coerced into silence or suspended from membership on some pretext or another.

What are the rewards of these bull-dozed, spineless specimens of humanity who let themselves be coerced into membership and plucked of the annual dues in an organization so subversive of their own interests and so insulting to their intelligence? They are eligible to contribute their services, for which they are not paid, to clinics and hospitals generously provided for them by the activities of the County Medical Society. There they may be permitted to treat patients whom, except for the existence of these organizations, they might treat in their offices for a fee.

The physician who is in such "good standing" as to be permitted to render services gratis in the clinics dominated by the bosses of the Society regards himself as fortunate. For the Society has inculcated into the public mind, with the aid of the interested social service forces, the idea that the physician who does not bow to organized medicine and man its clinics is incompetent and is not to be trusted. The docile and acquiescent physicians are given the stamp of "competence' of the Society. How untrustworthy is this stamp, will be made clear.

After he has rushed through his stint at the clinic, this "fortunate member" of the Society is free to return to his empty office, to gaze at four walls and develop claustrophobia. Few folks realize to what extent the psycho-neurosis the medical profession develop in this manner is accountable for physicians continuing to work in the clinics year after year, in spite of

the fact that they thereby destroy their livelihoods, gain nothing and learn nothing.

Returned to the solitude of his office, the doctor may turn on his radio, if he happens to be able to afford one, and listen to one of his "masters," the favored of the inner ring of the Society, advertise and publicize himself over the radio. But let him not dare to follow suit and himself make a radio broadcast, if by some accident unforeseen by the medical society the opportunity should offer itself.

The dual "code of ethics" declares that when the medical "leader" or boss makes a radio broadcast, it is a case of publicity for the medical profession. But when a mere member at large makes the same broadcast, it is publicity and advertising of himself. Should he drop into such an error, the member is summoned before the Comitia Minora, as the Tweed Ring of Medicine calls itself, and disciplined by suspension. The Society seldom takes the more severe disciplinary measure of ousting an offender from membership. That would mean cutting off its income.

Or in the solitude of his office, Dr. Sucker may turn to his newspaper and read an article which has been passed and approved by the Censor of his Society, whose salary is paid from the membership dues which he and his ilk have paid into the coffers of the Society. This article informs the public that the Cash-and-Carry Medical Center—where Dr. Sucker donates his services gratis—gives infinitely superior services to its patients than does a physician such as Dr. Sucker privately in his office. Or it may announce on the basis of Federal statistics on childbirth, falsified by inclusion of abortions, that Dr. Sucker and his confreres are responsible for the death of numerous mothers, and are less competent to care for childbirths than are midwives. From this news the public can only deduce that they should turn for competent obstetrical services only to Dr. Fleecem, Dr. Skinem and other members of the Committee whose names are prominently mentioned in the publicity matter; or else have their babies in the wards of the Cash-and-Carry Hospital and Medical Center, where they will be cared for by Dr. Sucker and his confreres.

SERF VS. OVERLORD

The position of the rank and file of the profession contrasts sharply with that of the medical merchant "leader" or boss. Their position is that of serfs, puppets, and stooges of the medical-social-service rackets. They are ludicrously pathetic figures, befuddled and often not of the highest mental calibre. From the moment they enter pre-medical training, they are caught between two millstones—the social service rackets, and the treacherously racketeering medical organizations. As they advance, they are progressively ground down to a condition which eventually leaves them devoid of initiative and thinking capacity and makes them the stupidly helpless pawns of the two super-rackets which they are coerced to join and support. In so doing they destroy their livelihood and crush themselves.

There are a few isolated cases of physicians who cherish and preserve principles and ideals in spite of terrific economic and political pressure placed on them. They are called "insurgents" and are regarded with suspicion

by their confreres as being mentally unsound. But the rarest thing in the annals of history is the physician who is reckless and foolhardy enough to risk his reputation and livelihood in the attempt to clean the Augean stable of medical politics, organization and racketeering. Such prodigies are editorially attacked by the "Boss" himself in the columns of the Journal of the A. M. A. as horrible examples, as was I in April, 1930.

With rare exceptions, physicians follow the path of least resistance even though it leads to self-destruction. They find themselves in the status of mere men seeking to eke out an existence by caring for the ills and catering to the caprices of mankind. They are no more honest than the rank and file of mankind. They succumb to pressure and temptation; and accept the tenets of the self-same rackets which destroy them. With few exceptions they cherish in their bosoms the almost forlorn hope that they may rise, some day, to the racketeering heights of medical bosses and merchants in medicine—and thereby win fame and fortune.

But the hope of winning even fortune is for a great majority of them utterly vain. For the physician's stock in trade is the faith of the patient in the falsely assumed ability of the doctor to "cure." In reality, no doctor "cures" any disease; the patient cures himself. The physician can only help in the process by making conditions for recovery favorable and by avoiding damaging interference with Nature's workings. To do this, he must at times pretend to wisdom and knowledge, when his ignorance is most abysmal; and in these moments he is, at best, a benevolent confidence man. His chief stock in trade is the patient's confidence in him. But this confidence has been destroyed by the medical and social service rackets. The medical serf has been severely handicapped by his lords and masters.

MEAGRE EARNINGS

There has never been refuted intelligently the myth that the average member of the medical profession is responsible for the "high cost of medical care." While it is true that the medical "leaders" are unconscionably exorbitant in their charges, the fee scale of the average physician is absurdly low and often less than the charges of pay clinics.

The fees of the average physician today are no higher than they were one hundred to one hundred and fifty years ago. The 1817 Fee Bill of the Boston Medical Association, and that of New York in 1790, showed charges of two to five dollars per initial visit. Consultations were five dollars for the first visit and three dollars for subsequent visits. Night visits were five dollars.

The scale of the Workmen's Compensation Insurance fee schedule recently adopted by the Medical Society of the State of New York differs slightly from those of 1790. The charge allowed for the first visit, including the filling out of numerous forms and testimony before the Compensation referee, is five dollars. Under the 1790 New York Fee Bill the charge for filling the forms alone would be ten to fifteen dollars.

The charge for a night visit in 1790 was five dollars; the present schedule allows four dollars. Incision of an abscess cost the same in 1790 as today

—five dollars. The charges for amputation at the shoulder—one hundred and fifty dollars—have not risen since 1790.

Some of the charges made in 1790 were slightly higher than those of today and vice versa. It should be borne in mind, however, that in those days a dozen eggs could be had for a few cents. This makes it apparent how much the cost of medical services has dropped in the past century and a half in spite of tremendously greater costs of rendering those services.

LOW WAGE SCALE

The average physician who seeks part or full-time employment is no more fortunate financially than he who seeks to eke out an existence in private practice. He finds that the wage scale for doctors is lower than that of most forms of unskilled labor. Especially is this true in public service.

The scale of salaries of physicians in public service is probably highest in New York City. Few of the world-renowned physicians who have made life safe for the citizens of New York, at the risk of their own health and lives, earn after many years of service the eighteen dollars a day of the asbestos worker, or the twenty dollars a day of the skilled tool-maker.

The average pay of doctors working on a part time basis for the Health Department of New York City is one dollar and sixty cents per hour. This rate has had the approval of the New York County Medical Society. As has been related, the Society has suggested that doctors employed by the City, especially those in the Health Department, shall be deprived of Civil Service protection and of all the rights and privileges, including sick leave, vacation and pension which are given to all other municipal workers. The Society is controlled completely by the henchmen of organized social service, and has adopted as its goal the destruction of the livelihoods of its less affluent and less influential members.

RELIEF AND UNIONIZATION

The Philadelphia County Assistance Board, a social service agency, set the following hour-wage scale in 1939: bricklayers, $1.62; plasterers, $1.55; and doctors, $1.51. The medical profession has contributed heavily to swelling Relief rolls. Approximately a third of New York's doctors were still on Relief in 1937, and the number is possibly higher today.

Employed physicians have sought the aid of social service and of labor unions in the attempt to gain an adequate wage. The A.F.L. has always turned them down on the basis of the convenient myth that doctors, even though employed as workers, are capitalist bourgeois and independent entrepreneurs. The truth of the matter is that labor employs doctors and prefers to be free to take advantage of them without qualms. Also labor has espoused the cause of its fellow-travellers, the social service rackets that seek to prey on medicine. Under the terms of the Wagner Act, some groups of physicians have organized under the C.I.O. But their position has not been improved materially thereby. The derogatory attitude of labor towards the medical profession has become accentuated.

EDUCATION COSTS VS. EARNINGS

The wage of the doctor contrasts sharply with high and ever-mounting cost of a medical education and of keeping abreast of changing methods and of advances in medicine. It is a curious fact that the more richly medical education becomes endowed the costlier does it become to the student. It now involves study over a period of twenty to twenty-five years and an average cost of between twenty and twenty-five thousand dollars.

The average work-life of the physician is about thirty years. It can easily be calculated that to earn the costs of his education alone the doctor would have to make about fifteen hundred dollars a year. To earn a bare living plus the cost of maintenance of his office, the physician must make five thousand dollars a year. In order to keep abreast of medical advance and be a competent physician and at the same time live comfortably, the physician must earn between seven and ten thousand dollars a year. It is doubtful if more than ten percent of the medical profession of this country earn this last figure. It is questionable whether one out of four doctors now makes enough to amortize the cost of his education alone. In most cases now, the study of medicine involves a large economic loss.

LICENSING RACKET

This does not imply that there is an excessive number of physicians in the country. Many parts of the country have not sufficient physicians; and few sections of the country have too many physicians for adequate medical care of the public. But each state in the Union licenses its citizen physicians and shuts out physicians licensed by other states. This often bars the way to adequate medical services to their communities. The situation today is much the same as it was in 1846 when the State Medical Societies directly controlled the licensing of physicians and used their powers to create medical monopolies. Curiously enough, some states permit free entry to foreign physicians while barring entry of Americans.

SOCIAL SERVICE COSTS VS. MEDICAL

The average earnings of a physician in the height of prosperity—1928 and 1929—were less than those of skilled laborers. At that time, in the midst of boom and prosperity, over 60% of the populace requiring medical treatment in our larger cities were receiving it from hospitals and clinics gratis, or at a low figure per unit of service. During the years of depression, the persons receiving such services rose to almost ninety percent of the populace of the country requiring medical aid.

This does not mean that the cost of illness to the public is low. It is relatively high; but only a small fraction of it is paid to physicians. The bulk of the community's medical expenditures go into the purses of the social service rackets, large fractions to hospitals and nurses, and least to the doctors.

The Welfare Council of New York City estimated in prosperous 1928 that there were 40,000 paid workers engaged in social service work in New York. Their salaries amounted to approximately seventy-five million dollars.

All of this money had been donated by charitable persons in the community for the care of the poor.

If only half of this money that is diverted by social service workers into their pockets were used for the payment of physicians for the care of the ailing poor, the calibre of services given could be materially improved and doctors would receive about three thousand dollars a year for their work. Money expended in this manner would more truly serve the purpose for which the funds were donated than its present use.

SERF PATHETIC

The pathos of the plight of the medical profession is accentuated and set in comic relief by the obvious absurdity of its sense of helplessness. Physicians cannot be replaced overnight. Properly organized to protect their interests, the medical profession could command a fair treatment and an adequate wage from the community.

But organized medicine has joined the social service rackets in betraying its ranks and has aided the impoverishment and debasement of its own members. It has coerced the physician to aid in robbing himself of both his livelihood and of the respect of the community. So awed is the medical serf by the boss merchants that he does not dream of asserting himself and fighting for his existence; instead he slinks after treacherouly corrupt "leaders."

The force by which he is held, is the growing power of organized medicine and its control of hospitals and of medical licensure. The character of the licensing boards is indicated by the recent indictment in New York of an assistant attorney general who was assigned to collaborate with the Medical Board of Regents, on the charge of complicity in "fixing" for an abortion racket; and by the anxiety-caused death of his associate, an A. M. A. affiliated secretary of the Board, Dr. Harold Rypins, who was also accused.

DISCIPLINE OF THE RACKET

To incur the enmity of the American Medical Association or its local state or county society means to run the risk of loss of livelihood. Organized medicine figuratively grips the throat of every physician.

To avoid deliberately and maliciously circulated slander on his competence, the medical serf must toe the mark in the regime prescribed for him by medical bosses. As in any racket, to obey means "protection," and failure to conform means to court disaster.

Illustrative of the methods employed is my own experience. In 1931, I resigned from the N. Y. County Medical Society and the A. M. A. because I objected to racketeering of the organizations. Thereafter my scientific discoveries were barred from publication, rumors damaging to my reputation were circulated, scientific societies were urged to bar my participation in their proceedings, my works and I were libeled in publications of the A. M. A. and replies were barred. In 1937, a colleague, Dr. Guersney Frey, attempted to bar my participation in a scientific discussion in a New York Academy of Medicine meeting, on the ground that my resignation from the A. M. A. and failure to pay tribute and dues to it made me a physician "not in good stand-

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK
TWO EAST ONE HUNDRED AND THIRD STREET, NEW YORK

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April 14, 1938

Emanuel M. Josephson, M.D.
108 East 81 Street
New York City

Dear Doctor Josephson:

At a meeting of the Comitia Minora held April 11, 1938, your resignation as a member was accepted as of January 2, 1938.

Yours very cordially

B. WALLACE HAMILTON, M.D.
Secretary

BWH
/p

BELATED ACCEPTANCE OF MY RESIGNATION FROM THE NEW YORK COUNTY MEDICAL SOCIETY

The acknowledgment of my resignation from the New York County Medical Society is here reproduced to anticipate any false allegations that my exposé of the organization is prompted by pique. Though rumors were long circulated that I had been ousted from the Society, it is clear from the letter that my resignation was tendered in 1932 and was not accepted until 1938, when I insistently demanded that it be done. One of my reasons for resigning was to be free to undertake this exposé. As a member of the Society, I would have been barred from so doing, because the Society demands of its members that they submit their writings for censorship. In my letter of resignation I gave this and also my disgust with the racketeering of the Society as the reason for my action.

ing." The allegation was widely broadcast in an effort to injure my reputation and practice by slander.

In the attempt to subordinate science to medical politics, there shines forth the blind stupidity of the medical dim-wits. Their attitude resembles most closely that of the ostrich that seeks to avert danger by burying its head in the sand.

How serious may be the consequences to a physician of disciplinary action of organized medicine is indicated by the case of Dr. W. W. Robinson. A court ordered the Spokane County Medical Society to pay him thirty thousand dollars for "slandering and humiliating him."

GROUP HEALTH ASSOCIATION INC.

The Group Health Association Inc. and the Government's indictment has brought to the attention of the nation some of the less vicious methods that the American Medical Association uses in enforcing its discipline and protecting the business of its bosses. This situation has arisen primarily out of the struggle between the organized social service and organized medicine for the control of the medical rackets.

The indictment charges the American Medical Association, its local subsidiary and the Washington hospitals with conspiring to coerce and intimidate doctors and consultants to refuse to serve the Group Health Association and to black-list and boycott doctors employed by it, with the object of preventing competition.

In the following pages will be related activities of the A. M. A. which are far more vicious and dangerous to the public, which Assistant Attorney General Thurman Arnold refused to include in the indictment. These activities do not merely jeopardize the purses of the public and of the social service cliques, but menace the health and lives of the public. An indictment based on such charges would not have been dismissed by the courts. For many of them are quite clearly conspiracy in restraint of trade and designed to create monopolies. It is probable, however, that the courts will eventually sustain the indictment as it stands.

BRITISH PRECEDENT

The gangster tactics of the A. M. A. and its subsidiaries are true to the tradition of what the profession chooses to term "medical ethics." That this "ethics" is a commercial code is revealed by the experience of Dr. Pratt with the British Medical Association, which is quoted in the "Brief of the U. S. on Demurrers in the case of U. S. A. vs. A. M. A. et al" as follows:

> "The British Medical Association was incorporated in 1874 'to promote the medical and allied sciences and to maintain the honour and interests of the medical profession.' It is divided into geographical 'Divisions,' so-called, comparable to local medical societies in the United States affiliated with defendant American Medical Association, which are largely autonomous; one of these is the Coventry Division. In 1904 the British Medical Association promulgated certain 'model rules' of ethics. Among other matters, these rules covered contract practice. Rule F provides that except in circumstances of great urgency, no mem-

ber shall 'meet in consultation, or hold any professional relations with' a doctor declared by a division to have violated the rules of ethics. Rule Z provides that when a Division has found a given doctor's conduct to be 'detrimental to the honour and interests of the medical profession,' a notice so stating is to be sent to each member of the Division; and a similar notice may, when necessary, be forwarded to any other British Medical Association division. Coventry Division adopted these 'model rules,' including the above provisions.

"The Coventry Provident Dispensary was founded in the early part of the nineteenth century for the purpose of securing medical attendance for its members and their families. In 1906 the then medical staff protested that members whose incomes had grown beyond the maximum permitted for membership should be asked to resign; the committee of management disagreed with this view; the medical staff contended that the management committee should be abolished and complete control of the society's affairs should be given to the medical staff; when this was refused, the medical staff resigned in a body. Thereupon, the society sought a new staff.

"In May 1907 it appointed Dr. Burke, one of the plaintiffs here. He was a licensed doctor; there was not and never had been any stigma on his professional career; he was a member of the Coventry Division of the British Medical Association. On May 26, he received a letter from the Chairman of the Coventry Division suggesting that if he joined the Dispensary staff, Rules F and Z would be invoked against him. He was not deterred, and in June began his work for the Dispensary. On June 20, the Coventry Division passed a resolution declaring that by joining the Dispensary staff Dr. Burke had violated the rules of the Division. On July 20, Dr. Burke was notified of this action and was invited to explain his position. On July 29, he replied that he was satisfied with his position and would not change it. He was warned that on the single charge of joining the Dispensary staff he would be expelled from the Division. On August 28, the Coventry Division executive committee resolved to ostracize Dr. Burke. On September 3, the Coventry Division recommended to the British Medical Association that it should expel Dr. Burke for violation of the rules and for conduct detrimental to the honour and interest of the medical profession. On December 18, the British Medical Association general secretary cited Dr. Burke to appear and show cause why he should not be expelled. On February 13, 1908, he was expelled, on the grounds above stated. Thereupon, the Coventry Division circulated the notice prescribed by Rule Z, and gave similar notice to certain other nearby Divisions. Under Rule F, the effect of this notice was to make it a violation of the rules for any doctor to consult with Dr. Burke; no doctor could consult——

> except at the risk of being expelled from the Association on a charge of having acted against the honour and interests of the medical profession. [(1919) 1 K. B. at 251].

As a result of these occurrences, in the ten years that followed, Dr. Burke was unable to obtain the services of a single consultant, and his private practice was thereby greatly injured. *Moreover, he and his family were treated as social and professional outcasts.* Dr. Pratt and Dr. Holmes joined the Dispensary staff in 1913; they were similarly treated, with similar results.

"Dr. Pratt, Dr. Holmes, and Dr. Burke, therefore, brought this action against the British Medical Association and against four local doctors who, from time to time, served as officials of the Coventry Division. The first cause of action asserted by plaintiffs was for conspiracy.

"Upon the foregoing facts, the court held that the defendants had instituted a cruel and unwarranted boycott of the plaintiffs; that their actions constituted an unlawful restraint of trade, and accordingly, that plaintiffs should have judgment for substantial damages."

HARDSHIPS OF A MEDICAL LIFE

The racketeering of organized medicine adds gratuitous complications to the already difficult life of the doctor. The life of the average physician is hard. It is filled with the added anxieties and cares thrust upon him by patients. He stands at the beck and call of a thousand masters, a servant of the public. He must serve on short notice, even though he is ill himself. He must go out at any time of the day or night into any weather—snow, sleet, or rain, cold or hot—when his patients demand. And even more trying is it to wait about his office until a patient calls. Though he actually starve, and many do starve today, the doctor must maintain an expensive show-front in the attempt to gain and retain the confidence of patients; for they often judge medical skill on the basis of their estimates of the size of the doctor's bank account.

The average physician little realizes when he chooses his calling that he has placed himself at the mercy of every member of the community. He discovers that the public do not trust a young physician, generally desert an old one, and often pay none.

He is expected to risk his life, and his family's, by exposure to dread contagious diseases, at the behest of any unknown beggar. When a man is crushed under a fallen wall or a collapsing tunnel in momentary danger of crashing, the doctor is expected to disregard danger and render first aid. The needlessly anxious nature of his vocation serves to shorten the doctor's life. Angina pectoris, a lethal heart disease that is precipitated by anxiety, is most widely prevalent among physicians.

THE DOCTOR AND SOCIETY

A physician's obligations to society are eternally stressed. But society is ever less mindful of its obligations to the physician. There is probably no group in American society that has fallen to as low a level of disesteem and opprobrium as has the average physician. This is in part deserved; but it is largely due to maligning of the rank and file by their professional confreres, the bosses of medicine, and to the millions of dollars of the public's

money spent by the social service forces in the payment of such high priced publicity men as Edward Bernays for the deliberate purpose of discrediting the medical profession in its opposition to social service dominated "Socialized" Medicine. In recent years the detractors have been joined by governmental officials and agencies allied with the social service rackets, who use the taxpayers' money liberally in this anti-medical propaganda which they are waging for the profit of themselves and their commercial allies, and for the furtherance of Bismarxian, totalitarian doctrines.

Society sustains great losses as a result of its ingratitude to the physician and of its toleration of the rackets that prey on him. It has caused in the profession a sinister cynicism bred of bitter experience. It has served to wipe out the more delicate nuances of service which spell the saving of health and lives. This is well illustrated by an overly embittered article by a young physician published anonymously in the June 1932 issue of *The Forum* magazine entitled "A Doctor's Advice To His Critics:"

> "One familiar delusion is to the effect that doctors are animated by an old saying, to wit, 'the relief of suffering humanity shall be thine only aim.' This is a piece of poppycock that is not true and never was true. The cold fact is that most doctors practice medicine for precisely and exactly the same reason that lawyers practice law, or editors edit, or plumbers plumb, or laborers labor—namely, to make a living. If they get some pleasure out of it and do some good, then so much the better, but that is not the prime purpose.
>
> "I hate to destroy such nice delusions, but I believe that the truth is better and that more progress can be made by adhering to it. In all my experience I do not recall one single doctor who cared anything special about suffering humanity, certainly not enough to work himself up into a lather about it. He had enough troubles of his own; indeed all too often he had been so bedeviled and imposed on and swindled by this same poor dear humanity that he hated it.
>
> "It may be deplorable, but it is a fact that this thing we call civilization, or this present state of human affairs, is just simply not organized along the lines of brotherly love. For all the boloney to the contrary, it is founded largely on the ethics of the jungle, and it is the persistence of this jungle ethics in a highly complicated and interdependent society that has finally plunged us into the morass in which we are now stuck. Doctors are merely in the same milieu that everybody else is. We are all tarred out of the same bucket—the critics no less than the rest. Doctors find out, as all men do, that they get what they take. This leads to dishonesty, sharp practice, swinishness. I can only report that doctors as a rule are as honest as circumstances will allow them to be. I do not care to speak further than that for them.
>
> "But I can speak for myself. Here at least I will pass no buck; I will evade no issue. It all boils down to this: a man catapulted into this life and given time to get oriented and look about a bit can do one of two things—he can take it or leave it. I prefer to take it. Very well, then, what do I find? I find that this is a hard and a harsh world.

I find that my living depends entirely on my own efforts. I find that I could sweat out my life in honest and conscientious medical service to the public for nothing save a bare existence and finally come to sixty-five or seventy a broken and penniless man. I find that in exchange for this they would, if I had enough political pull, give me a cot in a poorhouse, some rags, enough food to keep me alive, and the menial job of scrubbing the floors.

"Now I prefer not to stand in breadlines nor to sleep in flophouses. I must, therefore, get money in some way or other and endeavor to keep it. It has been amply demonstrated that this latter task is perhaps even harder than the first; I have no assurance that what I have now will be with me next year or even next week. The method I have chosen by which to do this is practicing medicine. I went through high school; I spent five years in a university, four years in a medical school, two years as a hospital intern—fifteen years in all. I not only made little or nothing during this time but I spent a great deal; in fact, all I had ever been able to make at other times. In addition to that I put a lien in the form of debts on what I was to make after I finally went to work. Now that I am at work, I will get that needed money absolutely honestly if I can. If I cannot, then I will get it dishonestly. There, then, you have it—in cold type and with no evasion. If this is being a thug, then I am a thug. And that is that. If you are interested to know what has been my experience, I will say that the word honesty in medicine is a very elastic term. . . ."

Fortunately this young man's fierce bitterness does not represent the attitude of the rank and file of the profession, who lack capacity for energetic reaction. Their attitude is one of stunned and apathetic impotence and befuddled frustration that may paralyze but does not destroy humanitarian sympathies.

SOCIETY'S OBLIGATION TO THE DOCTOR

The situation in medicine, however, does mean a tremendous waste of ability and energy which could serve, under better conditions, to spare mankind much misery. Society could render itself a real service by fighting the battle of the medical serf and destroying the medical and social service rackets.

Society should establish a fair condition of work and standards of wage for the doctor. It should relieve him of carrying the entire burden of charitable medical care in the community and should establish on a permanent basis adequate payment of the doctor for those services.

For callous indifference of Society to the plight of the physician is certain to breed eventually an ugly reaction on the part of the profession. If the public wishes to be tended with kindness and mercy by the profession, it must extend to it the same treatment. It is wrong that in return for acts of charity and mercy, in which he oft risks his life, the veteran of medicine receives no beneficence or benevolence.

Thus the physician is not protected by compensation or security plans

when injured or disabled in line of duty. If the doctor who is summoned to treat a case of typhoid fever succumbs to the disease, or if the tunnel into which he crawls to succor an injured man collapses, the consequences are his own lookout or funeral.

PENSIONS FOR PHYSICIANS

A pension fund for physicians that would enable them to spend their old age in comfort is richly deserved by most members of the profession. It is a notorious fact that few of them reach the age of sixty with any reserves or savings. The more wholeheartedly a physician has devoted himself to the welfare of the community, the less apt he is to have provided for himself, and the more apt he is to spend his declining days in destitution. Thus New York newspapers announced in January 1936, that Dr. Albert Harrison Brundage, a veteran public health officer, lecturer and authority, was dispossessed from his home and cast out to die penniless and destitute.

A pension fund that would give the medical profession a belated reward for the great sacrifices that are demanded of it in the care of the poor, easily could be arranged if its merchant "leaders" and the social service forces did not block the way. The motives which prompt the latter are the fear of diversion of philanthropic funds and bequests from their own purses, and their strategy of maintaining a tradition of antagonism between the public and the medical profession.

In addition to the bequests and contributions of the philanthropically inclined members of the community there are a number of legitimate sources for pension funds for physicians. Drug manufacturers, for instance, might well contribute to such pension funds a small percentage of the wealth and income which they derive from medical research and discovery and from the business which the medical profession has given them.

I have made an effort to establish such a pension fund for physicians. But I have met with no success in securing support for it because of opposition by the medical and social service rackets.

SAD VICTIMS OF ORGANIZED MEDICINE

The rank and file member of the American Medical Association, the medical serf, can be ranked as one of its most stupidly pathetic victims. The Association and its activities have brought him to his present wretched status.

With regularity, the position taken by the A. M. A. on public questions has been the very reverse of that of the majority of its members. By medical-social-service press censorship and a sham "code of ethics" they are prevented from escaping from the false position in which they have been placed.

To free itself of the racketeering domination of medical and social service organizations, and to redeem itself and regain public- and self-esteem, the profession must first awaken to realize and acknowledge the rot which has pervaded it. Drastically the profession must purge itself; and it must adopt ideals of service that are compatible with honesty and decency.

Then if it accepts honest, intelligent and intrepid leadership in place of

crooked political bosses and their ward heelers, develops an esprit de corps that will enable the adoption of a program based on principle instead of greed and cupidity, and wage war without compromise on the unscrupulous enemies of society within its ranks and in the community, any fair request that it makes on the community must be met. But can this be realized?

CHAPTER III.

THE MEDICAL PUBLICITY RACKET

ADVERTISING and publicity are the life-blood of medical practice, as of any other enterprise in a large community. For they are the only ways that the public who need medical care can become cognizant of the physician who wishes to render it.

In a small community, word of mouth advertising suffices. But in larger communities where the individual is as lost as a needle in a haystack, other methods are required. The doctors who are denied their use can be stifled and destroyed. It is for the purpose of destroying competition that the bosses and overlords of the Eastern States have tabooed advertising for everyone except themselves by their hypocritic, commercial "code of ethics."

No man was in a better position than "Doc" Simmons to realize the vital importance of advertising in medicine. He had gained his fortune and position through lurid and fraudulent quack medical advertising. A monopolistic control of all methods of advertising and publicity in medicine as a source of revenue and as a device for the control of the profession, and of politics, was almost instinctive with Simmons. No effort was spared by him or his gang to attain it.

Like Simmons, Fishbein is acutely conscious of the value of publicity. In his *Fads and Quackery in Healing* he tells of noted surgeons who owed their practises to persistent publicity. He concludes:

> *"A great clinic, if properly organized, must have its publicity department."*

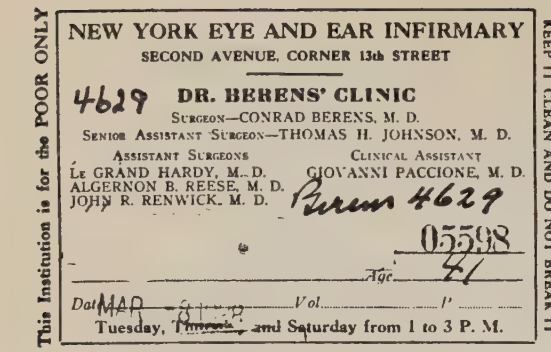
METHODS OF MEDICAL ADVERTISING

There are a number of indirect and underhanded methods of advertising and publicity that are permissible to the physician even in sections which taboo direct advertising. They are especially valuable if they are exclusive; and where competition is keen, when they cast aspersions on competitors.

Direct word of mouth publicity and recommendation are very effective in building up a practice. Some physicians have highly developed this method. They hire boosters and widen their social contacts by joining any and every organization that will serve the purpose.

An amusing variation of this method was employed by a New York East Sider when he launched himself into practice. He hired unemployed actors and attractive actresses to ride up to his office in swank cars and sit in his waiting room for hours in order to make neighbors believe that his services were in demand by their betters. The ruse succeeded in building for him a large and lucrative practise.

Affiliations with social service groups are particularly valuable business-getters, especially if the organizations maintain clinics. They solicit inquiries



This Institution is for the POOR ONLY

NEW YORK EYE AND EAR INFIRMARY

SECOND AVENUE, CORNER 13th STREET

4629 DR. BERENS' CLINIC

SURGEON—CONRAD BERENS, M. D.

SENIOR ASSISTANT SURGEON—THOMAS H. JOHNSON, M. D.

ASSISTANT SURGEONS: LE GRAND HARDY, M. D. · ALGERNON B. REESE, M. D. · JOHN R. RENWICK, M. D.

CLINICAL ASSISTANT: GIOVANNI PACCIONE, M. D.

Berens 4629

05598

Age 21

Date MAR ... Vol. ... P. ...

Tuesday, Thursday and Saturday from 1 to 3 P. M.

ALWAYS BRING THIS CARD
KEEP IT CLEAN AND DO NOT BREAK IT

BETH ISRAEL HOSPITAL OUT-PATIENT DEPT.

MONROE ST. CORNER JEFFERSON ST. NEW YORK CITY

Oto-Laryngological Dept. ROOM 14

MONDAY, WEDNESDAY, FRIDAY

DR. S. J. KOPETZKY

SUPERVISOR

DR. S. GOLDSTEIN

CHIEF OF CLINIC

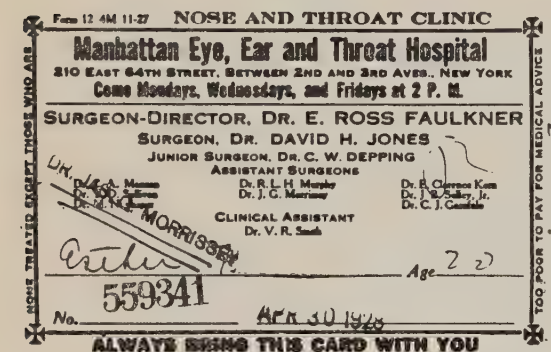
DR. WM. SPIELBERG

ASSISTANTS

DR. S. STEIN · DR. M. RUBINSTEIN · DR. M. BERNSTEIN · DR. A. ROSIER · DR. B. B. HIRSHKOWITZ

ADDRESS OR RECORD NO.

KEEP THIS CARD CLEAN



Form 12 4M 11-27 NOSE AND THROAT CLINIC

Manhattan Eye, Ear and Throat Hospital

210 EAST 64TH STREET, BETWEEN 2ND AND 3RD AVES., NEW YORK

Come Mondays, Wednesdays, and Fridays at 2 P. M.

SURGEON-DIRECTOR, DR. E. ROSS FAULKNER

SURGEON, DR. DAVID H. JONES

JUNIOR SURGEON, DR. C. W. DEPPING

ASSISTANT SURGEONS

Dr. R. L. H. Murphy · Dr. J. C. Morrissey · Dr. R. Clarence Kain · Dr. T. G. Salley, Jr. · Dr. C. J. Costello

CLINICAL ASSISTANT

Dr. V. R. Smith

Mrs. MORRISSEY

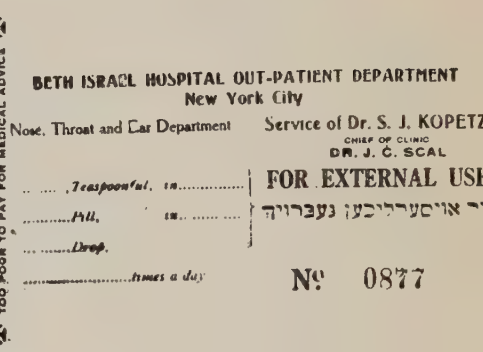
Age 2 2

559341

No. ... APR 30 1928

ALWAYS BRING THIS CARD WITH YOU

NOSE TREATED EXCEPT THOSE WHO ARE TOO POOR TO PAY FOR MEDICAL ADVICE



BETH ISRAEL HOSPITAL OUT-PATIENT DEPARTMENT

New York City

Nose, Throat and Ear Department

Service of Dr. S. J. KOPETZKY

CHIEF OF CLINIC DR. J. C. SCAL

... Teaspoonful, in ...

... Pill, in ...

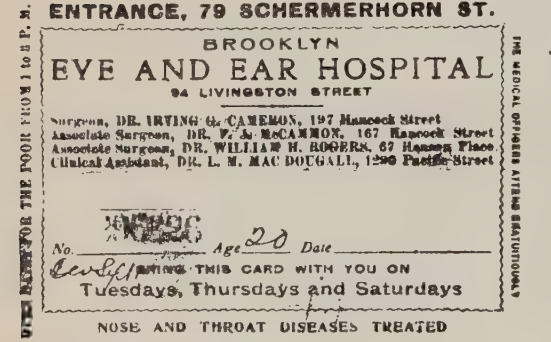
... Drop.

... times a day

FOR EXTERNAL USE

סיר אויסערליכען נעברויך

No. 0877



ENTRANCE, 79 SCHERMERHORN ST.

BROOKLYN

EYE AND EAR HOSPITAL

94 LIVINGSTON STREET

Surgeon, DR. IRVING G. CAMERON, 197 Hancock Street

Associate Surgeon, DR. F. A. McCAMMON, 167 Hancock Street

Associate Surgeon, DR. WILLIAM H. ROGERS, 67 Hanson Place

Clinical Assistant, DR. L. M. MAC DOUGALL, 1290 Pacific Street

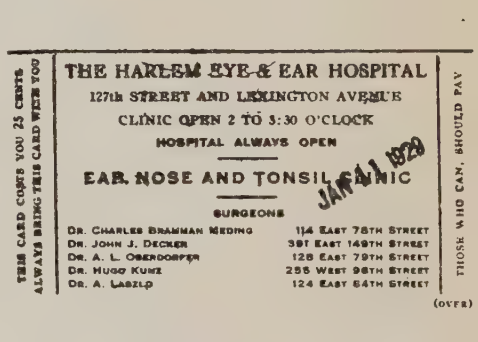
No. ... Age 20 Date ...

BRING THIS CARD WITH YOU ON

Tuesdays, Thursdays and Saturdays

NOSE AND THROAT DISEASES TREATED

THE MEDICAL OFFICERS ATTEND GRATUITOUSLY



THE HARLEM EYE & EAR HOSPITAL

127th STREET AND LEXINGTON AVENUE

CLINIC OPEN 2 TO 3:30 O'CLOCK

HOSPITAL ALWAYS OPEN

EAR, NOSE AND TONSIL CLINIC

JAN 11 1929

SURGEONS

DR. CHARLES BRAHMAN MEDING	114 EAST 78TH STREET
DR. JOHN J. DECKER	397 EAST 149TH STREET
DR. A. L. OBERDORFER	128 EAST 79TH STREET
DR. HUGO KUNZ	255 WEST 98TH STREET
DR. A. LASZLO	124 EAST 64TH STREET

(OVER)

THIS CARD COSTS YOU 25 CENTS. KEEP THIS CARD CLEAN AND ALWAYS BRING IT WITH YOU

THOSE WHO CAN, SHOULD PAY

"ETHICAL DOCTORS MAY NOT ADVERTISE"——?

Samples of cards that are given to clinic patients of New York City to advertise their doctors. The two lowest cards leave no margin for error, but carry both the names and addresses of the doctors. This is a very superior and concentrated form of advertising directly to persons who urgently require the services offered. These advertisements must be preserved by the patients if they wish to avoid the penalty imposed by the clinic for their loss. There is no element of "hit or miss" about these advertisements. They are tantamount to straightforward orders to the patients:

"Come to our private offices if you want adequate services and if you can afford to pay our fees."

The doctors of many of the institutions establish their offices in the immediate neighborhood of the clinics, so that the patients cannot miss them.

The cards of eye, ear, nose and throat clinics were selected because these specialties are particularly mercilessly commercialized. Many of the hospitals are openly operated as business agencies of the members of the staffs and no charitable services other than those dictated by law are rendered. Thus the Manhattan Eye and Ear Hospital reported for 1932 a profit of about forty thousand dollars on glasses provided to its "charity" clinic patients. Staff membership in many of these hospitals constitutes a partnership in a lucrative business monopoly which the hospital groups jealously guard. THIS IS A PERFECT DEMONSTRATION OF THE SHAM AND HYPOCRISY OF "MEDICAL ETHICS".

from the public; and direct the inquirers to their affiliated physicians. They also get extensive free advertising and publicity which nets patients.

Hospitals and clinics are the most effective and the most eagerly sought methods of advertising a physician. They are obvious advertisements that lure the patients. Their value is enhanced when they have large and rich boards of directors and subscribing memberships. Their value is superlative when they refer inquiring patients to the doctors who monopolize their facilities. And to physicians who gain control of services and the power of appointment of subordinate physicians they are veritable gold mines; for they make it possible to force colleagues who seek the hospital facilities for their patients to consult the "chief" and refer cases. The advertising value of hospitals is often enhanced by clever work of publicity men, as in the case of the Eye Institute of the Columbia-Presbyterian Medical Center and the King of Siam.

Medical Information Bureaus, such as that of the New York Academy of Medicine, are organized by influential physicians to solicit public inquiries about doctors and medical topics. The inquirers are directed to the offices of the sponsoring physicians. They are effective in building up the reputations and high-priced practices of the sponsors, and in slandering and destroying the reputations of competitors. In the latter they are generally cautious and only dole out their slander in the absence of witnesses, to avoid legal entanglements.

Popular lectures and publications are a direct form of contact with the public. Columns and signed articles in the lay press and popular books are more effective than lectures and radio talks.

Scientific lectures and publication are publicity to colleagues who may refer cases. Their value is greatly enhanced when they are made the basis of popular publicity reports in the lay press. Medical discovery is a justifiable but rare basis for these forms of publicity.

Control of institutions of medical education and professorships and teaching positions in them are forms of advertisement that often net high returns in consultations and in repute gained. These consequently are avidly sought, even when they carry no direct emolument.

When Simmons and his A. M. A. gang undertook to gain complete and monopolistic control of all these forms of advertising and publicity to insure greatest profits by elimination of competition, they met with the resistance of some powerfully entrenched groups. With these they compromised whenever it was found advantageous to do so.

JOURNAL OF THE A. M. A.—THE PAYOFF

Control of several phases of publicity and advertising was gained by expansion of the publication activities of the A. M. A. and by the elimination of competing publications. The weaker journals were destroyed and the strong ones were merged. Publishers have been barred, for instance, from advertising or displaying their magazines competing with A. M. A. journals in their exhibits at A. M. A. conventions.

The methods which Simmons and his crew used in their battle for a

monopoly of medical publication and of advertising to the profession were often crude and illegitimate. In any other business their use would have precipitated prosecution by law enforcement authorities; but medicine is regarded by the layman with unholy awe, as a mystery beyond his ken.

Pressure was brought to bear on non-members by all the powers and agencies which the Association controlled, to force them to join. If they refused they were slandered, libelled and their reputations undermined. Fishbein, like Simmons, has left himself free to use these tactics by transferring his property to his wife and maintaining himself judgment-proof. Non-members usually are barred from publication in the A. M. A. journals.

Members of the Association were forced to subscribe to the Journal of the A. M. A. or to some of its other publications, at a high annual cost that yielded a splendid profit. If they wrote for competing publications, they were threatened with expulsion; but if they sent their articles to the Journal, they were generally refused publication. For it never has been medical importance of the article that determines its publication, so much as the political rank of the contributor. Discovery and publication are regarded by the clique solely in the light of its advertising and commercial advantage. And hi-jacking of a discovery, or its suppression and conversion into the secret private remedy of a clique, on the pretext of a "clinical trial," is commonplace. Rarely does a medical discovery receive publication in the Journal of the A. M. A. before it is antique.

Advertisers are similarly treated by the A. M. A. gang. Their products may not be advertised in any journal owned or influenced by the A. M. A. unless "accepted." Since this group includes most of the important popular magazines, the rejected product may be virtually barred from the market. Products do not remain "accepted" unless the sponsors are prepared to spend considerable money on advertising in the group of medical journals owned or controlled by the A. M. A. This prescribed group and the expense of advertising in it, have grown considerably since the organization of the Co-Operative Medical Advertising Bureau, which represents a large number of State Medical Society journals. Firms that reduce their advertising or refuse to advertise as much as required, find the "acceptance" of their products withdrawn. The A. M. A. has openly threatened firms that advertise in media other than its own journals with withdrawal of "acceptance" of their products. That such a conspiracy in restraint of trade and its potentialities for extortion should be permitted to exist, is unprecedented in our legal annals. But it is all done sanctimoniously under the cloak of "protecting the public."

DEPRESSION PROFITS

When the depression came along, and profits and revenue of the A. M. A. journals were threatened, the group was in excellent position to protect and to enhance its profits. There was no danger of loss of advertising accounts.

The cost of production of the Journal of the A. M. A. dropped and the profits rose proportionately. But the subscription price exacted from the hard-hit physicians for the Journal was raised from five to eight dollars a year. At the same time the Association made an attack on some enter-

prising publications which were launched as advertising promotions and distributed reliable news of medical advance to the profession free of any charge. Editorially Fishbein thundered "Beware of the Greeks bearing gifts." But the A. M. A. subscriptions fell, and the free publications were the only means of keeping abreast of medical advance for a large proportion of the profession.

When the State Medical Societies and the A. M. A. gained control of distribution of Relief to the medical profession, they were in position to coerce back on their membership and subscription list the physicians who required Relief. They were generally led to believe that they must—or else——

Under these circumstances, it is not surprising that the Journal of the A. M. A. was one of the most profitable magazines in the country in the midst of depression, despite the oft crushing poverty of its readers. In 1938, the Journal reported a gross earning of $1,650,000 and a net profit of $670,000; and its surplus was almost four million dollars.

If the A. M. A. and its Journal really belonged to its members, instead of a ruling clique, it might undertake to fulfill the pretended function of the Association, to broadcast knowledge of medical advance to the entire profession. It would then find that by distributing the Journal gratis to the entire profession, instead of making it a means of extortion, the advertising revenue that would be derived from the larger circulation would yield even larger profits. But the gang in control act on the idea "You spoil the sucker if you give him a break."

ADVERTISING AND "ETHICS"

To muzzle the rank and file of the profession and to give the bosses of organized medicine a monopoly of medical business and of advertising and publicity, the A. M. A. designed its "code of ethics." This code made it a violation to speak or write for publication without the permission, censorship and approval of the bosses and overlords. Whatever the latter might do on their own initiative, however, was designated as "ethical." The principle underlying the code is: "The king can do no wrong."

The dual character of this commercialist "code of ethics" and the manner in which it boosts the business of the merchants-in-medicine who boss the Association is evident in the most recent decree regarding medical advertising and publicity which was published in an editorial in the New York State Journal of Medicine of August 15, 1929 (pp. 1021 to 1022). It reads:

> "Medical publicity is that which is educational and deals with the medical profession in its entirety.
>
> "Medical advertising appertains to medical publicity which deals with the individual and may be used to his or her personal advantage."

Regarding publicity, it proceeds to say:

> "Physicians throughout the nation have evolved a standard method of popular education as follows:
>
> "1. The unit should be the County Medical Society.

"2. Medical education work shall be done by committees composed of physicians who are specialists as writers, speakers, organizers and general medical leaders.

"3. The names of these specialists should be kept prominently before the public in order that popular education may be a concrete, present reality, instead of a far-off abstraction for which no one is responsible."

The gist of this "standard method" is that the "medical leaders" or bosses authorize themselves exclusively to keep their names prominently before the public in the press, the radio and in all other avenues of publication. This hypocrisy of the medical boss in his own traffic is characteristic of the clan.

The grumbling acceptance of these hypocritical dicta by the rank and file of the profession illustrates aptly their lack of spirit and degeneration. They do not dare attack their bosses when they belie the proverb "What is sauce for the goose is sauce for the gander," however strong may be their resentment. But if one of their own number receives the barest publicity mention merited by significant discovery, ferocious jealousy is aroused and his reputation suffers. Prominent in the ranks of the slanderers will be found the self-advertising, self-publicizing "leaders" themselves; they jealously guard the privilege which dishonestly they have usurped.

In the West, where a certain measure of straightforwardness still persists in medical organizations, the hypocritic "ethics" regarding advertising does not apply. Anyone may advertise in the newspapers. Even in the East, the New York State Medical Society permits foreign-born physicians to advertise in the foreign language press, because "leaders" do not compete for the poorly-paid practice among the foreign element and their commercial interests are not impaired.

How well advertising has served to build up the reputation and business of "leaders" of higher calibre than "Doc" Simmons is illustrated by the Mayo Brothers. When they arrived at Rochester, before either of them had had any experience worth mentioning, they caused to be distributed handbills which modestly stated that they were the leading and ablest surgeons in the country. They were master hands at self advertisement; and fortunately their ability caught up with their advertising.

TRUESDALE AND THE "UP-SIDE-DOWN STOMACH"

The selectivity of the publicity accorded to the bosses of medicine is illustrated in the case of the Truesdale Hospital, the medical director of which is Dr. Philemon E. Truesdale, who stands high in the circles of the A. M. A. and the American College of Surgeons. The business of the hospital suffered during the depression. That was not regarded as "ethical." Consequently, with no protest from the American College of Surgeons, a world-wide newspaper publicity campaign was launched in the press, centering upon a child who suffered from a not-uncommon ailment, diaphragmatic hernia, which is popularly described as "upside-down stomach."

There was nothing new or extraordinary about the operation performed

on the child to correct the hernia. The only special phase of the case was the boost to the business of the hospital and its politically influential surgeon. The executive officer of the Medical Information Bureau of the New York Academy of Medicine, Dr. Galdston (né Goldstein), himself acted as publicity and advertising agent for the hospital and surgeon, and scooped the press with detailed accounts of the operation and of all the incidental publicity manoeuvres. It is not known whether, or how much, the publicity agent was paid for this business-getting stunt.

"LEADERS" AND "ETHICAL" PUBLICITY

Another striking example is Dr. K..... S....., a prominent medical politician who has succeeded in making politics serve him to carve out a spurious reputation as a scientist. He is a member of a censorship committee. At an annual convention he was introduced by Morris Fishbein to one of the members of the Science Writers' Association, with an urgent appeal that he be given a write-up. In the interview, he pronounced himself to be the greatest man in his field and falsely laid claim to the discovery of a condition which had been brought to light a century prior and had been the object of research and discovery of numerous investigators in the intervening period. The interview published was an accurate report of the statements of this "scientist."

Immediately after the publication of this interview, the editor in question was besieged by the censor of the Academy of Medicine, on the publicity committee of which this "scientist" was the moving spirit, with the object of inducing him to furnish the interviewed "authority" with a written statement falsely asserting that the interview had not taken place. The reason for the request was that the "scientist" had been assailed and ridiculed by the members of his organization and his political influence endangered. The editor furnished the requested statement.

MEDICAL "LEADER" AND "ETHICAL" TESTIMONIALS

A glaring instance of the vicious duplicity of the ethics of medical advertising is the case of Dr. William Allen Pusey, former president of the American Medical Association and editor of one of its magazines. Dr. Pusey entered into direct competition with the testimonial business of the American Medical Association and its Council on Pharmacy and Chemistry, by selling to Proctor and Gamble, manufacturers of soap, his personal testimonial for Camay Soap. In this testimonial, which appeared in numerous magazines throughout the country as the backbone of an intensive advertising campaign, Dr. Pusey certified that "Camay Soap is much more than the best soap for your complexion." This statement was obviously false for some of the readers of the advertisement, for dry skins should have different soaps than oily skins.

In spite of the obvious falsity of the testimonial, these advertisements evoked not the slightest protest from the Association or from its timid vassals, the rank and file of the profession. The only rebuke administered to Dr. Pusey was one which I sarcastically interposed in a discussion of remarks

made by him before the New York County Medical Society. He did not undertake to reply.

MEDICAL SERF AND "UNETHICAL" TESTIMONIALS

In sharp contrast with the case of Dr. William Allen Pusey's testimonial was that of Dr. Shirley Wynne, Commissioner of Health of New York City. Dr. Wynne, at about the same time, expressed his approval of dental hygiene for quotation in an advertisement of a dental cream. However prominent he was in civic politics, Commissioner Wynne did not rank as a medical politician and was not among the local hierarchy of the Association. Though his testimonial was truthful and honest, and thoroughly justifiable, in contrast with the above-mentioned, like a pack a jackals the New York County Medical Society who had quavered before the more puissant Pusey, preferred charges against Dr. Wynne for his testimonial and forced him to resign from its membership to avoid further annoyance in the matter.

The moral of the story is obvious: "Testimonials are 'unethical' unless payment for them is made to the American Medical Association or its officers." The dishonesty and insincerity of the Association in this matter assume the proportions of a farce.

MULTIPLICATION OF SOCIETIES AN ADVERTISING DEVICE

For the primary purpose of intensifying and multiplying the opportunities of self publicity and advertising, medical "leaders" have organized a multitude of new national and specialty associations. An excellent illustration is the American Academy of Ophthalmology and Otolaryngology. It is dominated by the same clique that controls the corresponding sections of the American Medical Association and of the American Association for the Advancement of Science, and also the two dozen or more societies in this field, who peddle the same trite papers and exhibits from one to the other, often without altering a comma. The presentation of papers is limited to the clique year after year; and it is doubtful if one of them has had a new idea in decades. The principal purposes of the organization and its officers is to drum up business among physicians from small towns and backwoods for themselves and their post-graduate teaching businesses; and above all else, to secure for themselves publicity build-ups in the lay press.

Publicity is divided among the clique on a pre-arranged basis. Before the bosses of the organization would consent to hold its annual meeting in New York City, in 1936, the New York members were forced to agree that they would not "hog the publicity," i. e., that they would stay in the background and permit the clique spielers from the hinterland to cover themselves with publicity and glory.

How crude are the publicity methods of this Academy can be appreciated by the study of the plan whereby the doctors from the sticks and backwoods, and the subordinate "junior members" are compelled to pay for the advertising and publicizing of the clique by the purchase of tickets to lecture courses the contents of which can be found in any of the older textbooks.

Even the annual dinners are conceived as the crudest forms of advertising for the clique bosses. This is illustrated by the following "theme song" of the Boston Convention of the Academy in 1933:

"ALL ARE WET!

(Sung to the tune of "Alouette," in honor of Past President McKee of Montreal, at 4:00 A.M. on Mount Royal.)

All are wet, oh, very, very wet! oh,
All are wet, oh, see them all at play!
Have a drink with Burt Shurly!
Have a drink with Burt Shurly!
Have a drink with Han McKee!
Have a drink with Han McKee!
Here's a toast to Mosher, too!
Here's a toast to Mosher, too!
Wilder doesn't mind a few!
Wilder doesn't mind a few!
Put no booze at Barnhill's plate!
Put no booze at Barnhill's plate!
Don't let Greenwood's drink be late!
Don't let Greenwood's drink be late!
Secord Large laps up the dough!
Secord Large laps up the dough!
Beer for Beck! he loves it so!
Beer for Beck! he loves it so!
Oh Shurly! (twice) Oh McKee! (twice)
Mosher too! (twice) Oh Shurly! (twice) Oh McKee! (twice)
Wilder, few! (twice) Mosher too! (twice) Oh Shurly! (twice)
Oh McKee!
Oh McKee!
All are wet! Oh!
All are wet! Oh!
Barnhill, no! (twice) Wilder, few! (twice) Mosher too! (twice)
Oh Shurly! (twice) Oh McKee! (twice)
All are wet! Oh!
All are wet! Oh!
Greenwood yes! (twice) Barnhill, no! (twice) Wilder, few! (twice)
Mosher too! (twice) Oh Shurly! (twice) Oh McKee! (twice)
All are wet! Oh!
All are wet! Oh!
Large lies low! (twice) Greenwood yes! (twice) Barnhill no! (twice)
Wilder, few! (twice) Mosher too! (twice) Oh Shurly! (twice)
Oh, McKee! (twice)
All are wet! Ah!
All are wet! Ah!

Those named are former presidents and bosses of the Academy.

The presentation of papers on medical discoveries by the rank and file membership of the Academy is rigidly barred. It would detract from the hyperintensive advertisement of the dominant clique.

CHAPTER IV.

NEW STYLES IN QUACKERY

FISHBEIN'S "MODERN HOME MEDICAL ADVISER"

FAR LESS ASTUTE than his quack patron and master, George H. Simmons, wise-cracking Morris Fishbein, heir to the throne and power of the A. M. A., has permitted his quest for the dollar to lead him to jeopardize his position and to display unbelievable sciolism and lack of discretion. Endowed with the natural impulses of a "cloak and suiter," his special talents always have been in the direction of a sort of high-pressure salesmanship that manifested itself even during his student days.

For a long time Fishbein has directed his efforts toward securing for himself a lucrative monopoly of medical publication in the lay press. The business code that goes by the name of "medical ethics" made such a monopoly a simple matter. It barred other members of the Association from writing for the lay press without its, i. e. Fishbein's, express permission. Fishbein muzzled the profession. And he, his brother and a few others were able to collect handsomely for exclusive medical publication in the lay press. Among his other activities, he has been medical editor of *Look* and of the Newspaper Enterprise Association. With his brother, he also wrote a column for the now extinct *Delineator*.

Starting with the offer to censor and edit medical articles for the magazines and periodicals, he developed the habit of suppressing the literary products of others and replacing them with his own masterpieces, for which he was duly paid. In time there was scarcely a magazine or periodical that was not graced with samples of Fishbein's highly-priced omniscience.

In the Scripps Howard and other publications subscribing to the N. E. A. appeared syndicated columns of medical wisdom by Dr. Morris Fishbein. At the foot of these columns was published a note suggesting that the reader cut out the article, paste it in a scrap book, and thus become his own doctor, after the true A. M. A. standards of "Doc" Simmons et al. In one column appeared Fishbein's recommendation of the use, as a "harmless" reducing drug, of dinitrophenol which caused many cases of blindness and deaths.

Fishbein's larger contributions were originally confined to volumes on *"Quacks and Frauds."* Naturally none of the quackery and frauds in which the A. M. A. engaged were ever attacked in these volumes. The situation reminds one of the pot which calls the kettle black.

"MODERN HOME MEDICAL ADVISER"

The lucrative literary business of Fishbein, however, culminated in the publication of the "Modern Home Medical Adviser." This volume was falsely, quackishly and sensationally advertised in full-page spreads in the

newspapers. It was represented on the cover advertisements as an epitome of medical widom and omniscience directly derived from the oracle of medicine, the great Fishbein, in the following words:

"The Modern Home Medical Adviser is a book of hope and promise for suffering millions and a safeguard . . . of knowledge for all who value continued good health above everything else. Under the able editorship of Morris Fishbein, M.D., former president of the American Medical Association and Editor-in-Chief of its Journal in whose pages the new and vital discoveries of medical science are given first notice, twenty-four eminent specialists cover the whole field of medicine and surgery in a language that anyone can understand. . . .

"The sum total of everything medical science has learned . . . is given authoritative treatment.

"No modern home should be without this important book. For the peace of mind it will give and the sense of security that comes of being prepared in time of need, this book is worth a thousand times its price. . . .

"Forearm yourself with the knowledge and experience of the highest-paid medical men of our day and you will own the best insurance of abundant health and long life that money can buy."

QUACK NEWSPAPER ADVERTISING

The newspaper advertisements read as follows:

"Edited by Morris Fishbein, M.D.

"Famous spokesmen for the Medical World written by 24 of *America's Best Doctors.*

"Regardless of what health questions may now perplex you—regardless of what emergency you may face in the future—this huge Modern Home Medical Adviser gives you the valuable advice you MUST have to safeguard yourself and your family.

"What a priceless comfort and help it will be to have in your home at all times the most reliable Home Doctor Book ever compiled . . . *The book that will enable you to tell whether you need a doctor and what simple home remedies to follow till he comes.* . . . .

"Think of having the priceless advice of 24 of America's most eminent physicians and surgeons at your service at all times—showing you how to avoid pain, suffering, worry—placing at your instant command their vast store of sound medical knowledge and crystal-clear health guidance.

"Two hundred leading physicians quoted as authorities.

"Endorsed by doctors everywhere.

"The Wealthiest Millionaire Could Not Buy Better Health Guidance."

The italicized section means that the volume is represented as making each and every reader a diagnostician capable of judging the import of his symptoms and enough of a physician to indulge in self-treatment. Self medication, which is so justly and vigorously condemned by all intelligent

persons, becomes laudable when stimulated by boss medical merchants—Dr. Morris Fishbein and twenty-four of "America's Best Doctors."

One can easily picture, as the advertisements are read, the carnival patent medicine show barker. He could do no better. These false and quackish advertisements are not only ill-advised and misleading. They are absolutely fraudulent. They represent the acme of the quackishness introduced into the A. M. A. by "Doc" Simmons. They constitute one of the finest modern samples of quack advertising and publicity indulged in by the unscrupulous bosses of organized medicine with the sanction of its dual and perverted "ethics." Charges of false and misleading advertising were filed with the Federal Trade Commission. Later advertising was changed.

If the balance of the medical profession resorted to such medicine show advertising and rose to such heights of quackery as characterizes their bosses, they also might succeed in levying as high a toll on public credulity as do these "highest paid medical men of our day." This advertising is exceptional in that it clearly states the ideals of its subjects.

FALSE AND DANGEROUS ADVICE

The volume is replete with advice that is sometimes absurdly wrong and is sometimes dangerously false. Skimming through the volume, a few of the false passages were culled for citation.

On page 718, the "authorities" state:

> "Sometimes the pain (of earache) may be relieved in the early stages by dropping into the ear some warm eardrops, usually composed of glycerine with a small percent of phenol."

Few intelligent physicians fail to realize how fruitless and dangerous is the use of these drops in the ear. They cause a congestion of the eardrum which may serve to aggravate the inflammation present. If there is no inflammation present at the start these drops may induce inflammation and reduce the resistance of the tissues. The congestion caused by the drops serves to deceive and confuse the physician regarding the status of the ear, and therefore often results in needless surgery. Any competent physician knows enough to condemn the practice recommended to the public by these merchant "authorities."

On the same page, Fishbein and his "authorities" cast to the swine public a gem of wisdom: they recommend incision of the eardrum for relief of mastoiditis. Persons who know anything about the subject realize that by the time relief is sought for mastoiditis the eardrum generally has been incised or destroyed; that incision of the eardrum merely drains the middle ear and does not suffice to drain the mastoid abscess. But medical "authorities" need not know the elements of medicine; politics alone serves to carve out career and reputation.

On page 313, Fishbein sings the praises of oily nose drops with unparalleled wisdom:

> "For years camphor-menthol solutions and preparations of oil, camphor, menthol and eucalyptol have been used to give relief in nasal

irritation. The actual worth of such preparations in curing the cold is doubtful. Their value in securing comfort is considerable."

One of the most significant "comforts" of such oily preparations, especially in infants, has been widely publicized by the Health Commissioner of New York City, Dr. John L. Rice, who pretends to be no authority on the diseases of the nose. He warned the public of the fact that every practitioner knows—that such mineral oil preparations may cause lung abscesses and serious disease. But Morris Fishbein—eminent specialist in disease of men, women and children, in diseases of eye and toes, ears and anus, mind and bladder—in his profound wisdom does not sanction such consequences of "comforting oily nose drops." Fishbein entertains a high opinion of things "oily," and our infants will have to regard the lung abscesses given them on his advice as "comforts."

There is no end of gems of medical "wisdom" and misinformation in the volume. Turning to page 743, one finds, in a disquisition on syphilis, the following epigram:

> "One of the difficult things about syphilis is that to *cure* it often requires a long time—two years or more."

Professor Henry H. Hazen truthfully and optimistically states with regard to "cures" in syphilis:

> "The criteria of cure are most unsatisfactory. Not until more cases have been followed for years shall we know exactly what has been accomplished. Relapses have been reported after the patient has been clinically and serologically negative for eight or ten years."

The consensus of those who know and tell the truth is that there does not yet exist any method of "cure" or even a reliable criterion for the judgment of "cures" in syphilis.

ON THE FUNCTIONS OF THE A. M. A.

Fishbein's "Modern Home Medical Adviser" serves as a perfect illustration of the true function of the American Medical Association and of its rackets, including its publicity racket. It is a profitable enterprise for its bosses' ring and a business-getter for their henchmen, medicine's politically designated "authorities." This function of the American Medical Association and its monopolistic and coercive nature is clearly stated in the opening chapters of this invaluable "Adviser." It states:

> "Before a physician may join the A. M. A. he must be a member of the county and state medical societies, and he must be a member of all these societies before he may join any 'recognized' specialty societies."
>
> ". . . Membership in a medical society is not an absolute guarantee of honesty or of good faith (of a physician) . . ." but
>
> "A patient is much better off with a doctor who belongs to a recognized medical society."

By this time the reader has learned enough to appreciate the advantages of keeping out of the hands of the nit-wits who bow to the racketeering of medical organization; also that a good use for the Modern Home Medical Adviser is building fires or baser employ.

* * * * * *

Announcing Dr. Morris Fishbein's employment by it as a syndicated writer, King Features Syndicate, Inc. stated in a full page advertisement in *Editor and Publisher* of March 23, 1940:

> "AS AN AUTHORITY ON MEDICINE, DR. FISHBEIN'S NAME IS SYNONYMOUS WITH THE 'STERLING' STAMP ON A PIECE OF SILVER."

CHAPTER V.

CENSORSHIP OF THE PRESS

THE American Medical Association and organized social service, with the New York Academy of Medicine and other allies, exert an absolute censorship over the publication in lay and popular channels of all news which affects their interests.

Protestations of news syndicates, newspapers, and magazines to the American Medical Association of their complete submissiveness to its censorship are regularly published in the Journal of the A. M. A. A typical one, from the United Press, received comment in the editorial columns of the Journal of January 20, 1940:

CURRENT COMMENT

> Only those closely associated with modern trends in publication are familiar with the vast *improvement* that has been taking place relative to the publication of news of scientific advances. A bulletin recently issued by the United Press to its bureau managers and division managers is worthy of quotation. It reads:
>
> "It seems advisable to restate our traditional policy concerning handling stories of 'cures' or other medical developments.
>
> "This policy, which dates back more than twenty years, is never to call anything a cure, or in fact give any publicity to any remedy of any description, without a thorough investigation.
>
> "This rule is now being *strengthened* by the following:
>
> "Under no circumstances put any story on the leased wire about a remedy. If the bureau manager is convinced that the story has merit, he should overhead it to New York for investigation and consideration there."

Thus, under the guise of "protecting the public" a complete censorship of scientific and medical news is given by the U. P. to the New York medical clique. The New York newspapers, especially the *Times,* likewise submits to censorship at the hands of this group, as do many other newspapers and magazines.

"DOC" SIMMONS MUZZLED MEDICAL PROFESSION

Such control of the lay press of a character as thorough as that exercised over the medical press, was absolutely essential for the success of the rackets founded by "Doc" Simmons. Power of censorship over the reader columns insures control of the announcement of medical discoveries and other creditable news. It enables the theft of valuable ideas and discoveries and also the making and breaking of medical reputations. Thus it forces the medical profession into tribute and allegiance. The control of the advertising columns

of the press spells power of life and death over the medical and drug industries and the financial success of the A. M. A. "testimonial racket."

The story of the establishment of this censorship is one of blunder, stupidity, intrigue and politics that is characteristic of the entire history of the A. M. A. By their rule of ethics that enjoined doctors from speaking for publication for the lay press Simmons and his clique made it difficult for the press to obtain information on medical topics except from quacks, sub-rosa channels, or from influential medical politicians. The code made the work of editors and reporters extremely difficult and created high antagonism among them against the medical profession.

SOCIAL SERVICE GAINED MEDICAL NEWS CENSORSHIP

Advantage was taken of the arrogant stupidity of the medical bosses by organized social service to gain a part in the control and censorship of medical news which they still retain and which has served them well in securing unlimited support for their questionable activities. In cahoots with the Metropolitan Life Insurance Company, the New York Tuberculosis and Health Association set up the Medical Information Bureau, under the direction of Dr. Iago Galdston. They succeeded in imposing this censorship and business-building agency on the New York Academy of Medicine and on the New York County Medical Society.

FISHBEIN DISCOVERED PROFITS IN POPULAR MEDICINE

In the meantime Dr. Morris Fishbein, who had become boss of the A.M..A and editor of its Journal, undertook to combat the host of enemies and rivals of the medical fraternity in books addressed to laymen on quacks and fads. It is interesting to note that none of the fads and quackery of the A. M. A. or its bosses was exposed in these books. This started Fishbein and the Association in the field of popular publication. The magazine Hygeia followed. Eventually, as has been related, Fishbein developed a very profitable business as a privileged medical columnist and lay magazine contributor who was protected in his somewhat monopolistic activities by "medical ethics." Lately Fishbein has also "gone into the movies" and become editor and censor of motion pictures. The development of medical propaganda in the movies is illustrated by such movies as the "Dr. Kildare" series and the "Magic Bullet."

The attainment of complete censorship and control of medical news was a bit complicated by personal ambition of Morris Fishbein. Only such loyal A. M. A. henchmen as Dr. Irving S. Cutter of the *Daily News* were safe from them. The situation was further complicated by the competitive censorship of the Medical Information Bureau..

QUALITY OF SCIENCE REPORTING WAS HIGH

Between 1925 and 1935 science and medical reporting had reached a high state of development. Most of the news syndicates, and some newspapers and magazines, had learned to appreciate the news value of science. Science editors were then alert newspapermen who realized that their value to the public and to their employers depended on the dissemination of *fresh* news of medical and scientific discovery without bias, and they made a good job of it.

Their columns were often the first to apprise scientists and physicians of advances in their respective fields. Important and life-saving medical discoveries were often announced by them years before any mention in the politically dominated journals of the A. M. A. In some cases important discoveries were announced in the newspapers that for personal and political reasons were suppressed entirely in the A. M. A. and other medical journals. Readers formed the habit of buying several publications in order to read the diverse reports on scientific topics.

MEDICAL MONOPOLIES COMBAT "MENACE"

Freedom of the lay press in medical matters was a grave menace to the medical and social service rackets. It threatened their monopolistic plots and plans and endangered their illicit enterprises. It was essential for them that the freedom of the press in matters pertaining to medicine should be suppressed.

For this purpose letter-writing lobbies of henchmen and "authorities" were maintained which bombarded the editors and proprietors of newspapers and magazines with letters lauding the news that the group desired published and condemning the news that they wished suppressed. Always it was represented by the letter writers that their sole interest was to protect the public who were so dear to them. Many of the letters were forged in the names of pretended patients that represented that they had suffered injury and abuse at the hands of the physician whose work the lobby sought to suppress. These letter lobbies made the editors quite fearful of their jobs. The medical organizations also sought to dictate what should be published by placing restrictions and obstructions in the way of the editors in securing medical news. In self defense the National Association of Science Writers was formed.

ORGANIZED MEDICINE WOOS N. A. S. W.

Then began a process of wooing of the press by the A. M. A. and the New York Academy of Medicine cliques. Fishbein and Galdston sought and obtained jobs as syndicated columnists and editors, the former on the N. E. A. serving the Scripps-Howard papers and the latter on the Associated Press. This made them in effect censors of medical news issued by these syndicates.

In the meantime both the social service and medical cliques began to wine, dine, adulate, decorate and bestow medals on the science writers and their Association. The New York Academy of Medicine, the New York County Medical Society, the American Society for the Control of Cancer, the American Medical Association, the American College of Surgeons, the American Association for the Advancement of Science and many others, wooed with tinsel and with flesh-and honey-pots.

A. M. A. TRUSTEES FETE SCIENCE EDITORS

On October 30, 1937, the Trustees of the American Medical Association played host to the National Association of Science Writers

> "in a special conference at which representatives of organized medicine in America, medical columnists and science reporters exchanged news on

ways and means to keep the public informed of progress in medical science."

The hosts took great pains to explain that their sole concern, forsooth, was the protection of public welfare. For this purpose the guests were asked to accept censorship and muzzling by the hosts.

The science writers replied with a cynicism bred of many years of contact with corrupt, dishonest and racketeering representatives of organized medicine and social service. William Lawrence of the New York *Times* pointed out the saving of human lives which resulted from the dissemination of news of medical discoveries through the press far earlier and more rapidly than the A. M. A. chose to permit in its own publications.

He might have pointed out to his hosts that the A. M. A. had been responsible for delaying for many years the dissemination of information regarding the life-saving properties of sulfanilamide; and also for the "endangering of human lives and . . . causing avoidable deaths," maiming and misery as in the case of dinitrophenol.

MEDICAL BOSSES PROFIT FROM SUPPRESSION OF MEDICAL NEWS

He might have pointed out that these acts against the health and lives of the public are generally deliberately perpetrated for motives of profit. Retarding their dissemination permits medical bosses to selectively profit from medical discoveries by making available to themselves alone information and drugs which are withheld from the profession at large. In this manner they are enabled to turn new discoveries into private, secret remedies of the type they pretend to condemn, and to convert them to the enhancement of their reputations and fortunes. Also the suppression or delay of publication of medical discoveries serves to protect the reputations of medical bosses and politicians, so-called "authorities", and to uphold their pretense of omniscience. Quite frequently it enables the theft of credit for medical discoveries. Increasingly it is becoming the vogue now for officers and laymen executives of philanthropies and Organized Social Service to steal the credit for medical discoveries made by others.

WATSON DAVIS TALKS ABOUT MENACE OF MEDICINE CENSORSHIP—

The corrupt, dishonest and dangerous situation which the proposed censorship would create was eloquently portrayed by Watson Davis, editor of the *Science Service* as follows:

> "Just as the treatment of a patient is left to the experience and judgment of the physician within the wide limits of legal statutes and medical ethics, so the writing of medical science cannot be restricted by rules and regulations other than the experience, judgment and morality of the reporter and publisher, controlled by the laws of libel and the first amendment of the Constitution.
>
> "Suppress by force of a censorship the possibility of publishing even the most unsocial and heretical medical opinion and you have injected into the

body politic the cultures of a vile disease—*the intolerance that leads to dictatorship*. I believe that this attitude must be maintained even though the psychiatrist and psychologist will agree that thoughts, motives and ideals can be damaged by poisonous ideas as fatally as bodies can be made ill by chemicals and bacteria.

"Opinion both public and professional, rather than law or clique censorship, must police the popularization of medicine. The incompetents, the sly distorters, gold-poisoned pens that serve other than the public through the press, must, and, I am confident, will be eliminated by the general recognition of their misdeeds. Wholesome public controversy should illumine honest differences of judgment in science reporting. But I would rather see a return to the inglorious days of careless, misunderstanding reporting of science than see a secret or open censorship imposed directly or indirectly upon the press. . . .

". . . *it is of public concern if dominant views within any scientific group tend to suppress minority or unconventional opinions.*"

BUT LATER ACCEPTS CENSORSHIP BY A. M. A.

More important truths have never been uttered in a spirit of humbug and sham. Within less than one year after this pretty speech, Watson Davis, his Science Service and the National Association of Science Writers had completely submitted to the dictation and censorship of the rackets of organized medicine all medical news. Thanks to the censorship, medical news became entirely secondary to propaganda and publicity for the 57 different varieties of medical and social service rackets. The press succumbed to the blandishments of the numerous pressure groups, of medical specialty organizations set up for the sole purpose of gaining the spotlight of the news for their bosses and of their "public relations counsels." Even editor Henry R. Luce and sub-editor Frank Norris of *Time* have succumbed to his blandishments, Fishbein has intimated in his "Sedatives and Tonics."

FREE ADVERTISING FOR MEDICAL BOSSES INSURED

Now that medical news has assumed for the press and its editors the complexion of publicity and propaganda primarily, it has become the vogue of prominent hospitals and clinics and their physicians and surgeons to employ publicity agents. Fishbein acknowledges and justifies this in his "Fads and Quackery in Healing" (p. 337) as follows:

"A great clinic, if properly organized, *must have its publicity department.* . . . In this way, the name of any clinic may be brought prominently to the people. I say 'may-be'; perhaps I should say 'has-been.'"

He explains that representatives of clinics must appear at medical meetings; read papers; broadcast their work by motion pictures; have their "leaders" give interviews containing "statements sufficiently fantastic to catch the front page and sufficiently scientific to avoid too great condemnation by medical colleagues"; and exploit discoveries of "research workers who are working contentedly in their cubbyholes." Characteristically, he does not discern the

contradiction between these publicity activities and the A. M. A.'s "code of ethics" which enjoins

> "It is unprofessional to procure patients by indirection . . . or by indirect advertisement or by furnishing or inspiring newspapers and magazine comments. . . ."

PROPAGANDA SUPPLANTS NEWS

The function of the public relations counsel is to purchase from the editors of publications the issuance of news stories for their employers. Though direct purchase is regarded as crude and "unethical," hypocrisy and elastic conscience have made indirect purchase by gift or favor, combined where necessary with advertising pressure, "accepted practise." This hypocritic "ethics" makes it possible for the public relations counsel and publicity men to charge exorbitant fees for their services. Thus one of their number who specializes in social service publicity and advertises the list of his clientele, including the Federal Government, the Russell Sage Foundation, the Welfare Council of New York City and the National Association for the Prevention of Blindness, circularizes prospective clientele with a fee list. He sells his talents and the news columns which they command at twenty-five dollars a phone call, forty dollars an hour, one hundred and fifty dollars a day, five hundred dollars a week, and twenty-five thousand a year. A large part of the funds of the medical and social service rackets are now expended in payment of these procurers and panders of the printed word.

Newspapers and magazines have become largely perverted to publicity and propaganda media. No longer is news defined in terms of "man bite dog." It is evaluated in terms of "who is the publicity man and how liberal is he." Much to the convenience of the propagandists, newspaper syndicates have made it possible to pervert and poison the news of whole chains of newspapers and periodicals. The news empires of the Hearsts and the Munseys have been swallowed by the empires of the Rockefellers, and the Associated Press has moved its offices, as have the *Times-Fortune-Life* group, into Rockefeller's Radio City. *The Daily News* and the *Chicago Tribune* are owned by their kin.

SCIENCE WRITERS DEVELOP "ETHICS"—

The National Association of Science Writers has followed the trend. To justify the defection from the ideals which they have professed and as a balm to their consciences, they have adopted another of the hypocritic "ethical" codes affected by professions that pretend to hold themselves aloof from commercial practices. The principal tenets and dialectics of the code are those which justify the acceptance of censorship by vested medical and scientific interests. It runs as follows:

> Science editors are incapable of judging the facts of phenomena involved in medical and scientific discovery. Therefore they only report discoveries approved by medical "authorities" of rank, like Fishbein, or those presented before a body of scientific peers.

The speciousness of this "ethics" is obvious. If they are incapable of

judging facts and phenomena, science editors are unfitted for their tasks either as scientists or as newsmen. As a matter of fact the shoe is on the other foot. These editor's heads have been turned by Pulitzer and other prizes and by the adulation of those who seek publicity. They have come to fancy themselves as great scientists and prospective directors and dictators in the field of science, and to regard themselves as of higher importance than any mere scientific worker. They seem to have forgotten to be news men and fail to realize that if they confine themselves to reporting facts known to the medical authorities, what they report will be neither news nor discovery. Or if they refuse to report anything that has not been presented before a scientific body, they accept the control and censorship with which the bosses of organized medicine protect their business by barring the presentation of any discoveries except those which they make or steal. Such second-hand reports of medical discovery are not news but are advertising and publicity.

One can scarcely imagine a reporter of the past waiting until an item was known to every one before publishing it. But this seems to be the concept of news of science reporters and of the New York *Times*.

BUT SURRENDER PRINCIPLES

Watson Davis, in his talk at the A. M. A. lovefest, made it clear that the editors were acutely aware of the dangers of suppression of medical discovery by the indirect form of censorship that they now accept. Evidently the rewards of their actions have had a blunting effects on conscience. For all the direst predictions of the consequences of such censorship have come true; but the members of the N. A. S. W. have showed no signs of repentance or reform. On the contrary the same type of censorship has been extended to organization that formerly were forums for free discussion of science such as the American Association for the Advancement of Science, and to their publications such as Science and Nature. They now submit publications of discoveries pertaining to medicine to censorship by organized medicine, leaving no medium free for the publication of any medical topic that merchant bosses of medicine seek to suppress to protect their interests.

MARXISM INVADES SCIENCE

Most of the science writers are salaried workingmen who have imbibed deeply the Bismarxian propaganda. They are confirmed "liberals." Thus John O'Neill, science editor of the *Herald Tribune* stated before the Fifth Estate Club that one of his criteria for the censorship of scientific discoveries is the "profit motive." Since every discovery redounds to the credit and benefit of some one, this censorship works in this manner: If the discovery may increase the practise of an independent physician of no medical political influence, it is denied publication; but if it fills the pocketbook of an influential medical politician or institution it is insistently touted and broadcasted.

REWARDS OF CONFORMITY

The rewards of conformity of science writers are many. For their upholding freedom of speech in science, before the institution of the present policy of censorship, I praised a group of them in my book, "Glaucoma And Its Medical

Treatment With Cortin", in 1937. Shortly thereafter the same men were awarded, for their reporting of the Harvard Tri-Centennial, a Pulitzer Prize. In 1938, the National Association of Science Writers was given by the American Society for the Control of Cancer, the Clement Cleveland medal "for outstanding work in the control of cancer." To Howard Blakeslee, science editor of the Associated Press, was awarded in January 1940 by the American College Publicity Association, the Wilson L. Fairbanks award, as "the individual who has done most for the interpretation of higher education to the general public."

Now that censorship has become the order of the day, the flow of honors and awards from those who seek publicity is rising. Many science editors are not men who seek out news of science for publication. They are men who are wooed with press releases in one hand and an award or stick of candy in the other. And they seem to like the candy and fall for it.

Not all the awards take the form of empty honors. The rewards of orthodoxy in a science editor may be a fortune. One of them has risen to high rank in a large industrial concern where he handles science publicity and propaganda and the company's relations with the N. A. S. W. at a reputed salary of twenty-five thousand dollars a year. Such stories fire ambitions.

Two contrasting recent incidents illustrate aptly the injuries which result from the prostituted control of the publication of medical news:

DUBIOUS OPERATION BOOSTED

On the sixth of May 1938 the New York *Times* carried a dispatch labelled "Special to the New York *Times*" from the meeting of the American Otological Society in Atlantic City. The headline read: "'HEARING WINDOW' FOUND AID TO DEAF." It related that Dr. Samuel J. Kopetzky had reported to the Society on an ear operation for the relief of progressive deafness. The operation was not new, but was merely a modification of one described a number of years prior by a French professor, Dr. Sourdille.

Though the operation involves risks to health and life, it gives results that are not as good as I had reported in a paper read before the Acoustical Society of America, in 1933, can be obtained from the simple and easy procedure of incision or excision of the eardrum. All these procedures have only a transient influence on the progress of the deafness.

In spite of the moot value of the operation the *Times* published the story. No censorship prevailed. Dr. S. J. Kopetzky is Chairman of the Publicity Committee of the New York County Medical Society. Owing to the failure of verification of the data presented by one of the parties involved, the American Otological Society refused to publish his paper and Dr. Kopetzky sensing the full significance of their action, felt compelled to resign. Operations are always favored by organized medicine, however, as quick sources of income. In spite of the question raised regarding the veracity of the sponsors of the operation, it was vigorously boosted at a meeting of the New York Academy of Medicine in March 1940. On this occasion Dr. Kopetzky was absent from the program. This boosters' meeting received scant and belated mention in the New York *Times* and was ignored by almost every other newspaper.

VITAL DISCOVERY IS SUPPRESSED

Contrasting sharply with this over-eager advertising and publicizing of a grave operation of highly questionable value, is the treatment accorded many vital discoveries. This was once again illustrated by the treatment recently given a fundamental medical discovery—a new and successful method of treatment of a group of diseases of the muscle-nerve apparatus with Vitamin E. On the twenty-third of June 1939 I presented before the Essex County Optometric Society a report of successful treatment with Vitamin E of a series of cases of a group of diseases including myasthenia gravis and progressive muscular dystrophy, which had been regarded until then as hopeless disorders. Brief mention was made of the discovery in the Newark newspapers but all reference to it was suppressed in the national press by the medical censors of the syndicate releases. Though the optometric journals carried reports of the discovery, publication of it was rejected by medical journals for the usual reasons of medical politics.

The life-saving action of Vitamin E had not yet been extended to the victims of the disease by the profession in even such institutions as the Mayo Clinic almost a year later. For doctors are too bigoted to learn from lay publications, and A. M. A. and other medical journals refused to publish my life-saving discovery. I determined to attempt to give the victims of the disease its benefit by securing its publication in scientific journals which publish items of medical science. Late in 1939 I submitted to *Science,* the official magazine of the American Association for the Advancement of Science of which I am a Fellow and to *Nature,* the British scientific magazine, the following brief report.

VITAMIN E THERAPY OF MYASTHENIA GRAVIS

The influence of vitamin E on muscular dystrophy in animals has been reported by a number of observers. This is a report of successful therapy of myasthenia gravis and muscular dystrophy in the human with wheat germ oil and vitamin E in combination with other therapy.

In early myasthenia gravis ranging in duration from one to five years, I have had consistent success in cases that have failed to respond to other forms of treatment with a therapy consisting of balanced dosage of ephedrine and suprarenal cortex hormone, glycocoll, gelatine, high sodium chloride and a diet rich in vitamins A, B, C and G. Complete relief of the pareses of muscles of the eyes, face and body was obtained. The results are lasting and contrast sharply with the ephemeral results obtained with prostigmine.

In more advanced cases that show marked muscle changes, no success followed this therapy until wheat germ oil, vitamin E or a-tocopherol were added. It was then learned that materially greater improvement could be obtained also in the early cases by the addition of those substances.

A study of the creatine output in the urine revealed that these cases show a relatively high loss, which rises with the administration of glycocoll. I was able to confirm observations previously made on the effect of

a-tocopherol in raising the renal threshold of creatine and reducing its loss from the body in the urine.

The influence of the various forms of vitamin E on the muscles is readily explainable on the basis of the importance of creatine and its compounds in muscular activity. The response of the early cases of myasthenia gravis to the therapy without vitamin E is due to the fact that the threshold is not sufficiently lowered to deplete the muscles of the creatine provided by the glycocoll and the diet. When the threshold drops to a point so low that insufficient creatine is retained for muscular activity extreme forms of the disease develop.

The response of both myasthenia gravis and muscular dystrophy to the therapy indicates that they are different stages of the same condition. It also appears probable that the role of the vitamin in preserving fertility may depend on its influence on the muscular factors involved in the procreative function. The victim also plays an important role in the function of heart muscle and in the prevention of myocardial disease.

An increase of the diseases due to vitamin E deficiency in the diet is a natural consequence of its elimination from the diet as a result of the denaturing of foods. It is probable that there exists a wide array of subclinical conditions characterized by modern degrees of muscular weakness and fatigue as a consequence of this deficiency.

Serious consideration should be given to restoring to universal use in the diet sources rich in vitamin E, such as freshly ground and unprocessed grains, in the interest of preserving both vigor and fertility of the race.

E. M. Josephson, M. D.

Nature indicated medical censorship by rejecting the report with the suggestion that it "would appear more appropriately in a medical journal." Dr. J. McKeen Cattell, editor of *Science,* returned the report with the statement that it had been rejected by a referee, the American Medical Association censor that passes on all articles pertaining to medicine that are submitted for publication. The referee was reported by him to have characterized this succinct report of an important discovery, based on several years of study and a wealth of clinical material, as

"An uncritical, uncontrolled clinical study with a number of speculative statements and therefore not suited to Science."

CONFIRMATORY REPORT IS PUBLISHED

The questionable judgement or sincerity of referee and editor is made clear by the fact that within one week after the long delayed rejection of the report, its contents were fully confirmed by an article by Dr. Franklin Bicknell, which appeared in *Lancet. Science* (and Watson Davis' *Science Service*) carried a full length report of the work of Dr. Bicknell a few weeks after it had rejected my paper. In this manner does the Holy Office of the Inquisition of medical science operate. It confirms the ugliest predictions made by Watson Davis. It is a measure of the corruption, chicanery and medievalism which has crept into science.

Science does not stop, however, with the politically dictated suppression of publication of reports of scientific discovery. It also suppresses advertisements of scientific books which the American Medical Association seeks to repress. It is amusing to consider that the perpetrator of this breach of freedom of speech and publication is none other than the professor who was ousted from Columbia University with his son because of the latter's insistence on freedom of speech in encouraging resistance to draft during the World War; and who was enabled to publish *Science* by the support of friends, gained by a plea for freedom of speech in science.

Another of numerous such incidents was the deliberate discrediting by organized medicine of the masterful work of Professor Swingle of Princeton University in which he and collaborators proved that deficiency of the adrenal cortex underlies surgical shock. Almost a decade later, March 12, 1940, widespread publicity was given to the "discovery" of this fact by Dr. David Perla of the Montefiore Hospital, by organized medicine. A partial explanation of the situation may be found in the fact that Swingle used his own American preparation of the hormone while the Perla experiments publicized the product patented by the Rockefeller-German Dye Trust interests. As so often happens when organized medicine seeks profit or revenge, Swingle the discoverer was discredited, and credit for the discovery has been given to an imitator or corroborater. To what extremes this vindictive suppression of scientific work is carried is illustrated by the fact that in the bibliography of the subject included in the advertising matter of the Schering Co. based on this use of adrenal cortex hormone, no mention is made of Swingle's basic work. The content of such advertising literature is censored by the A. M. A. Council.

These incidents illustrate the "principle" which enters censorship of medical publication, show how it is used by medical politicians to cover themselves with glory with the work of others, demonstrate the possibilities which it offers for the theft of medical discoveries, and portray the injury done thereby to the public.

A. M. A. CENSORSHIP OF ADVERTISING

The control of advertising columns of the lay press is of utmost importance to the A. M. A. for the success of its testimonial and other rackets. This "zone of influence" is left for the present entirely to the A. M. A. gang by the Social Service Racket. The strangle hold of the A. M. A. on the drug trade has been intensified by its success in imposing a censorship of medical advertising on a majority of the country's magazines and newspapers.

The censorship of advertising has been attained at an enormous cost to the publishers of newspapers and magazines. For in the hey-day of journalism patent medicine advertising was one of the principal sources of their revenue. Some of the advertising was absurd and quackish. But much of it was less damaging to the health and interests of the public than are some of the advertisements that regularly appear in the journals of the American Medical Association and under its "seal of acceptance."

The tactics that were employed by the A. M. A. to gain this censorship were varied. They brought into play the full measure of unscrupulousness,

shrewdness. chicanery and other less honorable aptitudes of the gang. The situation serves to expose the Fourth Estate, the proprietors and editors of the lay publications, as naive babes-in-the-woods as compared with their "benevolent" adversaries of the "testimonial rackets."

The first bait laid for the lay publishers was "reliable" medical news of the A. M. A. brand. Their sympathies were played upon by pathetic tales of how readers were preyed upon by hobgoblin manufactures of pharmaceuticals who had not purchased the testimonials of the A. M. A. The publishers were bombarded with letters of victims or pretended victims of the products under A. M. A. fire, as a part of the campaign to gain the censorship which was sought. Naturally, the victims of "accepted" products which have the seal of the Association were discreetly left out of the picture.

FEDERAL AGENCIES ABET A. M. A.

Federal agencies have been consistently used by the American Medical Association as catspaws and pawns in their commerical censorship war. There is no question, for instance, of what one would find if one traced the source of the recent complaints filed with the Federal Trade Commission against the advertising and the Institute of *Good Housekeeping* Magazine. Well paid articles by Morris Fishbein since then have graced the Hearst magazines, and the A. M. A. and its subsidiaries are emerging as censors of the Hearst newspapers, as is made clear by the illustrated letter from the *New York Journal and American.* On April Fool's Day, 1940, Fishbein attained a goal for which he had striven for several years, since he had broken off with the N.E.A. —he began his career of columnist for Hearst's King Features Syndicate under the headline "Medicine In The News."

The Federal Trade Commission and other governmental agencies are singularly deaf to any complaints lodged against false and misleading advertisements and publications of the American Medical Association and its bosses. Thus several complaints were lodged with the F. T. C. against the fraudulent and quackish advertising and the dangerously misleading text of Dr. Morris Fishbein's *Modern Home Medical Adviser.* They fell on deaf ears Complaints lodged against the A. M. A. and its Journal for false and misleading advertising, monopoly in restraint of trade and other illegal practises were investigated and confirmed by a Congressional Committee of the 72nd Congress. But so great is the influence of the A. M. A. that, as has been related, it has never been prosecuted. When under investigation the A. M. A. poses as a "benevolent" and "educational" organization and makes no mention of its rich commercial and racketeering activities.

BETTER BUSINESS BUREAUS ABET A. M. A.

The devices that are effectively used by the A. M. A. in its war for control of the nation's press are recounted in the decision of the U. S. Court of Appeals, 6th Circuit, in the case of Raladam Company vs. the Federal Trade Commission, handed down June 28, 1930. It reads:

> "The record here shows, without dispute or by implication which would hardly be denied, that the American Medical Association is engaged in a

CHARACTER QUALITY New York ENTERPRISE
Journal American
AN AMERICAN PAPER FOR AMERICAN PEOPLE

Daily and Sunday

210 South Street, New York, N. Y.

October 4th, 1938

Dr. E. M. Josephson,
108 E. 81st St.,
New York, N. Y.

Dear Dr. Josephson:-

Supplementing our telephone conversation, we wish to advise you that your advertisement is being withheld by our Board of Censors pending reply from the Medical Society of the County of New York.

Upon receipt of the necessary information we will immediately communicate with you.

Very truly yours,

I Hunter

Classified Advertising Department

IHunter
hc

TELL IT TO US AND WE'LL TELL A MILLION

SUNDAY CIRCULATION, MORE THAN 1,600,000 . . EVENING CIRCULATION, MORE THAN 640,000.

"FREEDOM OF THE PRESS"

This concerns the advertisement of a book entitled "Glaucoma and Its Medical Treatment with Cortin" which described popularly an important sight-saving discovery. I had published it as part of a crusade to prevent needless blinding by the disease and by the operations which are the "accepted practise." The bosses of the ophthalmologic specialty objected to the book because it threatened their income from blinding glaucoma operations and established a censorship on the subject and conspired to prevent dissemination of the method of treatment and advertisement of the book The *New York Journal and American* refused to publish the advertisement on the advice of the Society. From the point of view of the publisher of the book, this constitutes conspiracy in restraint of trade. It also illustrates the corruption by some publications of "freedom of press and publication" and the suppression of the rights of others. The book threatened the incomes of the ophthalmologists who specialized in blinding glaucoma operations. The censorship of a book that described a successful non-operative method of treatment and the conspiracy to prevent its dissemination were a natural policy.

campaign against those proprietary remedies which it believes ought to be used by the public either not at all or only under supervision.

"It has a Bureau for that and other purposes, and the Bureau employs a director. When it is thought that a particular advertisement should be stopped, this director takes the matter up with the Federal Trade Commission and with the Association of Better Business Bureaus, which are scattered over the country.

"Thereupon the Commission, if it approves, files a complaint and eventually, if it is convinced of the truth of its complaint, makes the order to desist and refrain. The Better Business Bureaus explain to their local newspapers and to the general periodicals that it would be wise to refuse this advertising.

"The Chairman of the Commission, in public addresses and in correspondence, advises the newspapers that they will be subject to persecution by the Commission as defendants, to be joined with the advertisers, if they do not desist from such publications; and the newspapers may suspect that if they do not comply with the advice of the Better Business Bureaus, their general advertising patronage from the membership of these bureaus will fall off."

ADVERTISING CENSORSHIP DOOMS PRESS

This statement by the Court of how the F. T. C. acts as a pawn and subsidiary of the American Medical Association in the conduct of its rackets, explains how the latter has obtained its censorship of the press by officially supported intimidation. With this censorship the A. M. A. is dooming magazines and newspapers to death from lack of advertising revenue. As favored advertising media the A. M. A. journals, including the magazine *Hygeia* are waxing constantly richer on the revenues derived from a monopoly of medical advertising won by the racketeering methods described. Since the A. M. A. has not yet entered the radio advertising and broadcasting business on a serious scale, the broadcasting companies are still permitted to put on the air advertisements which have been barred in the newspapers, thus hastening the destruction of the press. It is hard to understand why publishers have not awakened to realize how they have been intimidated and duped by this A. M. A. racket.

NEW YORK TIMES DENIES FREEDOM OF PRESS TO OTHERS

The absurd and dangerous complexion of this censorship of medical advertising is revealed by the recent refusal of the New York *Times* to accept the advertisement of a popular book on the subject of glaucoma, "Glaucoma And Its Medical Treatment With Cortin," which was written as part of an educational campaign to prevent blindness. The advertisement was rejected because the A. M. A. objected for political reasons which will be related presently. Such a censorship as is exercised by the New York *Times* constitutes suppression of freedom of thought and speech, the danger of which is made apparent by the fact that most important and life-saving discoveries of the past have been refused recognition by organized medicine for many years.

Colonel Adler, who is in charge of the *Times* advertising staff, freely admitted to me that Pasteur's discoveries would have been denied similar advertisement until his views had become recognized by organized medicine. The *Times* could not plead even a desire to protect the public; for it had publicized the glaucoma discovery in an exact and authoritative manner that had angered and incensed the medical and social service bosses and their censors, before it reached its present state of complete submission to their dictates. In view of these facts the advertising campaign that the *Times* is carrying on in its columns with such slogans as "unbiased, complete and accurate" is as amusing as it is questionable.

BUT INSISTS ON FREEDOM OF PRESS FOR ITSELF

This incident occurred at the very time that the publishers of the *Times* and of other newspapers were conducting a vigorous campaign for "freedom of the press," which they regarded as being threatened by the Child Labor Bill. But Col. Adler would not face the insincerity and inconsistency of the attitude of the *Times* in suppressing the freedom of the press of others while demanding it for themselves.

In this respect the *Times* follows the reaction pattern of the Communazi propagandists. Whenever their propaganda is scotched and checked they cry that "Civil Liberties" are being attacked. But the very basis of their own activities is the destruction of the Civil Liberties of others. Theirs is the infantile attitude: "I do. You no do." When their professional allies are ousted, as in the case of Bertrand Russell, they cry that "academic freedom" is being destroyed. But the very purpose of their own activities is to destroy the academic freedom of others and to force the acceptance of their propaganda and dogmas, or else—Naturally, whatever they do is holy and in the interest of the "masses." As might be expected, the New York *Times* follows the party line and editorially supports the Bertrand Russell champions and their fellow "educator" agitators.

THE FATE OF AN ADVERTISEMENT OF THIS BOOK WHICH WILL BE SUBMITTED TO THE NEW YORK *Times* AS A TEST WILL DEMONSTRATE TO THE READER HOW "UNBIASED AND COMPLETE" IT IS.

THE PUBLIC IS INJURED BY THE CENSORSHIP

Though it is pretended that this censorship is being maintained for the benefit of the public, it is apparent that it serves only to injure them. For, as William Lawrence pointed out to his A. M. A. hosts, delay of publication and acceptance of medical discoveries means misery and suffering for the public. That is the true significance of censorship of medical news.

CHAPTER VI.

TESTIMONIALS FOR A PRICE

THE A. M. A. "ACCEPTANCE" OF FOODS AND DRUGS

A HIGHLY lucrative phase of medical business is the drug industry. "Doc" Simmons fashioned the entire structure of the A. M. A. to the purpose of gaining a whip-hand over the profitable trade. The Journal of the A. M. A., the publication, publicity and advertising rackets, and the censorship of the press were all designed with an eye to it.

COUNCIL ON PHARMACY AND CHEMISTRY

The device that served to gain the A. M. A. a direct control of the drug trade was the Council on Pharmacy and Chemistry and its "Acceptance of Food and Drugs." Ostensibly it was set up for the purpose of investigating and certifying the quality of drugs to the medical profession and to the public. Its activities are virtually the issuance of super-testimonials for the manufacturers. Later other Councils were set up to pass on foods and other items.

By a series of maneuvers this testimonial business was converted into a strangle hold on the drug trade. The "code of ethics" was amended to bar physicians from issuing testimonials, so as to give the Council a complete monopoly of this business. Advertising in the columns of the A. M. A. Journals was barred to products which are not "accepted." Competitive medical journals were driven out of business and the pressure which the A. M. A. could put on drug manufacturers was tremendously increased.

Later the A. M. A. conspired with the publishers of lay newspapers and magazines to bar the advertising of any product that is not "accepted." (The Better Business Bureaus participated in this, serving the interests of the A. M. A.) It thereby established one of the few monopolies in restraint of trade which has not been molested during the past three decades. This laid the foundation for an immensely profitable racket. The bulk of the money which flows into the coffers of the A. M. A., or into the pockets of its bosses, is derived directly or indirectly from this illicit control over the drug industry.

The Council on Pharmacy and Chemistry is a blind behind which the bosses of the A. M. A. act. In its ranks there are some who are distinguished scientists and others who are not. But the members of the Council have little to say about its activities. This is made quite clear by the recent resignation from the Council of the eminent scientist and Nobel prize-winner, Dr. Henry H. Dale, which he indicated was an expression of indignation at the obvious unfairness of the actions of the Council and the A. M. A. Some scientists who lend their names to dignify the Council are merely its pawns.

The "reports of the Council" are generally merely the mouthings of the bosses of the A. M. A., of the editor of its Journal and his henchmen. From the very start, the distinguished scientist and teacher Dr. Frank G. Lydston undertook a courageous campaign of reform from within the A. M. A. In a booklet entitled "Why the A. M. A. Is Going Backward" he wrote as follows:

> "The achievement of which the oligarchy of the A. M. A. has boasted most vociferously has been its belated war on proprietaries, quack medicine manufacturers and impure food producers.
>
> "When one recalls the nauseous array of proprietary fakes on the advertisements of which the oligarchy built its financial prosperity, its 'holier than thou' pose is sickening.
>
> "It was fitting to its psychic constitution that after the . . . A. M. A. has for years done its level best to promulgate the interests, and to fatten upon, fake manufacturers and professional poisoners of the innocent, it should bite the hand that fed it.
>
> "Despotic powers such as the oligarchy wields over the drug and food manufacturers is dangerous, and human nature being what it is, that power might be expected sooner or later to be abused."

Professor Lydston was as wise as he was courageous. Subsequent events bear out fully how sage was his judgment of the character of the men who dominated the A. M. A. when he suspected that the reform which they pretended to adopt would merely be used by them as a cloak to cover more nefarious activities.

CONSIDERATIONS FOR "ACCEPTANCE"

An amusing tale is told about the early days of the "acceptance" racket that amply supports Dr. Lydston's statements. Dr. W. C. Abbott, it is reported, became enraged at the rejection by the A. M. A. of all the products of his firm. It was threatening his ruin. Realizing that "Doc" Simmons really was the Council, Dr. Abbott sent an assistant of his to Lincoln, Nebraska, to dig up some information that might make the "Doc" more amenable to reason. The investigator brought to Abbott full evidence of all the malodorous activities of "Doc" Simmons. Dr. Abbott also secured affidavits regarding some operations performed by "Doc" Simmons in Chicago and confronted him with these data. Upon viewing it, Simmons is reported to have looked up and asked:

> "What do you want?"
>
> "I want all the products of my firm 'accepted'," Abbott is said to have replied.

It is a matter of record that the Abbott products were "accepted" by the A. M. A. thereafter.

The history of the A. M. A.'s "Seal of Acceptance," is replete with betrayals of professional and public trust. Drug products of the highest value have been rejected or their acceptance unwarrantedly delayed. Worthless, dangerous or deadly drugs and foods, have been hastily accepted. And

sometimes the journals of the A. M. A. have all the more heavily advertised drugs that the Council has pronounced to be worthless.

Delayed "acceptance" or rejection of valuable drugs are responsible for much human misery and loss of life. Some such instances, which are illustrative of numerous others, will be recounted.

COD LIVER OIL REJECTED

A most ludicrous demonstration of the pretended omniscience of the A. M. A. which assumes that what they do not know or do not believe, is not true, is the case of cod liver oil. Intelligent observation interpreted by common sense, had led many generations of plain folks to realize the value of cod liver oil as a medicine for the prevention and cure of rickets and of other conditions. "Scientific" medicine propounded by the "leaders" of medicine, who were so purblind in their dogmatic ignorance that they could not see the obvious, denied any value to the "quack nostrum," cod liver oil.

In the second decade of this century, however, some intrepid European physicians, daring to tread on unsanctioned ground, undertook to evaluate the folk remedy. Verification of the value of cod liver oil in medical treatment, brought derisive editorials and attacks upon this work from the "leaders" of the American Medical Association.

By 1920, there had been completely confirmed by ponderous, dull-witted researches what many a generation of housewives had known from plain observation and common sense interpretation. The A. M. A. politicos were forced to retreat by the sheer weight of evidence. Cod liver oil was grudgingly "accepted" by the Association and its "omniscient" Council and editor.

Until then, the A. M. A. had barred the advertisement of the product to its reader-physicians and had attacked its use vigorously as a "putrid oil of no greater value than any other fatty oil." Until then, the blind trust of the public and of its medical advisers in the reliability of the Association and its Council deprived a multitude of children who were under "regular" and "scientific" medical guidance, of the benefits of cod liver oil and its vitamins.

Few people can now fail to appreciate the falseness and absurdity of the actions of the A. M. A. and its Council which denied that cod liver oil had any medicinal value. Less readily appreciated by the public are the numerous similar actions by the Association which each year bar from advertisement and public use, invaluable and life-saving drugs.

DELAYED SULPHANILAMIDE "ACCEPTANCE" FORCED

Sulphanilamide was taboo to the American Medical Association journals and their medical readers for over two years after its unique value had been recognized and broadcast in the European medical journals. Failure of "acceptance" of the drug by the A. M. A. Council served to bar its advertisement in the U. S.; and in sharp contrast with other instances which will be mentioned shortly, no mention without "acceptance" was made.

As a consequence of this act, which is characteristic of the arbitrary and monopolistic control of medical publication and medical advertising by the American Medical Association and its editor, numerous victims of the deadly

disease streptococcus septicemia, popularly known as "blood-poisoning," were left to die. They died as sacrifices to medical rackets because their physicians were prevented by the Association from timely access to knowledge of the value of sulphanilamide, which alone might have saved their lives.

After a member of the Roosevelt family was successfully treated with sulphanilamide by a physician sufficiently favored by the A. M. A. to be given the knowledge and use of the drug by its American distributor, the news and information about the drug was published in every newspaper in the country. In this manner, through the newspapers, the bulk of the medical profession first became acquainted with the drug, and thousands of victims of an almost hopelessly fatal disease were given a forlorn chance to live, that the A. M. A. acceptance and advertising racket had granted previously only to a chosen few.

FISHBEIN STRIKES BACK

This incident probably upset many calculations and possibilities of profit for the inner ring of the A. M. A. It also robbed Fishbein and his associates of the opportunity to bask in the spot-light of newspaper publicity. He recaptured the opportunity by immediately issuing exaggerated warnings of danger of the drug and by an attack on the drug firm that had made the product available to the American public.

Evidence of the value of sulphanilamide was voluminous. It piled up so rapidly that Fishbein lost face in his attacks on the drug and on the house which marketed it. The A. M. A. Council on Pharmacy and Chemistry found itself forced by honest publicity to promptly "accept" the product.

This incident rankled the powers-that-be of the A. M. A. deeply. In October 1937, there appeared on the market the preparation of a solution of sulphanilamide in an extremely poisonous solvent, diethylene glycol. It was announced absolutely untruly, by the United Press with which Fishbein was identified, that the poisonous product which caused numerous deaths was Prontolyn, the Winthrop & Company trade mark for sulphanilamide. This accusation was promptly retracted when the firm of Winthrop & Company protested its falsity; but the damage to the firm that was regarded as "kicking over the traces" and breaching testimonial and advertising discipline had been inflicted with a severity designed to discourage any other manufacturers from revolting.

Subsequently, every avenue of publicity was utilized by Fishbein to broadcast that the poisonous nature of the "elixir sulphanilamide" was attributed to the glycol solvent. He did not relate, however, that a more poisonous glycol solvent had been "accepted" by the Council and the A. M. A. and introduced into medicine with their sanction as a preservative and solvent in drug preparations intended for injection into the body (New and Non-Official Remedies, 1935, p. 132, and 1937, p. 116). Nor did he relate that current issues of the A. M. A. journals were carrying advertisements stimulating the use of these glycol bearing products. Nor did he point out that since the A. M. A. and its Council had endorsed the introduction of the glycols in medical preparations, the deaths due to the glycol solvent in elixir sulphanilamide could be blamed partly on the A. M. A. and himself. This

situation may have some bearing on the reason why the Food and Drug Administration whose duty it was to warn the public and to act in this crisis, permitted Fishbein to supersede it.

This is not an isolated or rare instance of the practice of the Association and its editor of brazenly pointing the finger of accusation at others for jeopardizing human life by a procedure or preparation which it has accepted. Another such case, radium drinking water, already has been related.

For subsequent "good behavior" Winthrop & Company was prominently mentioned in the November 1939 United Press reports of the granting to Dr. Domagk of a Nobel prize for the discovery of the value of sulphanilamide. The dispatch stated that the doctor had received the prize for the discovery of Winthrop's trade-marked product "Prontosil."

IODOBOR POWDER AND COMPETITORS

Another illustration of the damage done by the A. M. A. to public interest and to a drug firm by ill-motivated "rejection" of a valuable drug is the case of Iodobor powder. Iodobor powder is a bland but powerful general antiseptic, which liberates gaseous iodine that penetrates deeply on contact with the tissues. Many times as strong as carbolic acid, it is neither irritating nor poisonous, and is one of the most efficient antiseptics and germicides available.

Iodobor powder was originally marketed for use in infections of the ear and of the mastoid cavity. These infections generally cause impairment of hearing or deafness, and not infrequently jeopardize life by extension to adjoining structures. Up to the time of the introduction of Iodobor powder, the only method of treatment which offered some hope of success was operation on the mastoid process. These operations generally involve a loss of hearing, result in death in five to ten percent of the cases; and in many cases they merely check the infection temporarily.

Iodobor powder offered the first uniformly and consistently successful method of treatment of these ear and mastoid infections. It not only clears up the infection but also restores hearing in most cases. It has come slowly into widespread use throughout the world, has saved numerous lives, and has restored the hearing of thousands of victims of ear infections.

The slowness of adoption of this Iodobor therapy of ear infections was due to the A. M. A., its Council, and politics. At the very outset, Iodobor powder was submitted to the Council on Pharmacy and Chemistry for "acceptance" in order that it might be advertised to the medical profession. There was really no requirement, even on the part of the A. M. A. that this be done; for Iodobor consists of two standard antiseptics specified on the label, which have been long listed in the Pharmacopeia, mixed in a special manner. For such a product the rules of the Council provide automatic "acceptance" and access to advertising columns. The firm marketing the product sought acceptance, however, because it found its advertising flatly rejected.

When it rejected the product, the Council on Pharmacy and Chemistry published a deliberately falsified and absurd "chemical analysis" of the sample

submitted, which was designed to injure the firm marketing the product. A short time thereafter there appeared in the reading columns of the Journal of the A. M. A. an article extolling the virtues of a competitive product of identical composition which later was placed on the open market as a secret proprietary remedy violating all the rules of "ethical" marketing laid down by the Council and the Association.

Investigation revealed the reason for this discrimination. A doctor, who was pushing the competitive product, owned the trade-mark and patent jointly with his chemist brother-in-law, and had undertaken, through political and other influence, to obtain rejection of the honestly marketed product which had been submitted for "acceptance." He had also arranged to secure free advertising and publicity for his own product which he then had no desire to submit to the Council; for he meant to keep secret its patented formula and under its rules the Council might have been compelled to "reject" the product. As a result of these maneuvres, the honestly marketed Iodobor powder was barred from effective advertising. Its competitor, though it was a patent medicine and considerably the more expensive, was given the monopoly of the medical market.

DANGEROUS AND WORTHLESS PRODUCTS "ACCEPTED"

Products that are proved dangerous or worthless are not necessarily rejected by the Council. Nor does the rejection of a product or its proved injuriousness bar its publicity and advertisement from the columns of the A. M. A. journals. On the contrary, many such products have been put into widespread use through the agency of the A. M. A.

In numerous instances foods and drugs "accepted" by the Council on Pharmacy and Chemistry and advertised extensively in the columns of the *Journal of the A. M. A.* are libelled and condemned by the Food and Drug Administration of the U. S. Department of Agriculture, as impure, mislabeled and dangerous to health and life. Thus the Council "accepted" and the *Journal* advertised, in 1935 and 1936, a heart stimulant bearing the trade-marked name Digitol, at the very time the Government was seizing and condemning interstate shipments of the drug because of mislabeling and misrepresentation that was dangerous to life. Also Ergot Aseptic was "accepted" by the Council and advertised in the A. M. A. journals when shipments were being seized and condemned by the Government because of adulteration and misbranding.

The A. M. A. Committee on Foods, "accepted" the "White Star and Chicken of the Sea" brand of tuna fish, and carried its advertisements in its popular health magazine *"Hygeia."* To make certain that the reader would have no misapprehension concerning the significance of the seal of the Association, the advertisement contained the legend:

> "A PURE FOOD, HONESTLY ADVERTISED. The Seal of Acceptance of the Committee on Foods of the American Medical Association is your best guarantee that the claims of quality for any product are correct and that the advertising for it is truthful. Look for this seal on every food

you buy. White Star Tuna and Chicken of the Sea Brand Tuna have this acceptance."

The Food and Drug Administration was not impressed by the magic of this seal. It repeatedly seized shipments of this brand of tuna fish and ordered them condemned because they

"consisted in whole or in part of decomposed animal substance."

Quite frequently drugs are unconditionally "accepted" by the Council on Pharmacy and Chemistry, and recommended as safe to the medical profession and the public through the pages of the A. M. A. journals, and through its advertising columns, though they are highly poisonous and so dangerous that within relatively few years the high number of deaths which they cause comes to be recognized by the rank and file of the medical profession and by the public, and their use discontinued. The derivatives of barbituric acid, sulphonal, veronal and other sedatives and hypnotics are instances which come readily to mind. They have caused numerous cases of poisoning, insanity and death. Cincophen, likewise "accepted," caused many deaths due to the destruction of the liver by acute yellow atrophy.

Brands of ether advertised in the columns of the *Journal of the American Medical Association,* have been libelled and condemned frequently by the Food and Drug Administration. These ethers cause many sudden deaths of patients under anesthesia. The deaths could be prevented if the A. M. A. would warn its members of the dangers of impure ether and apprize them of precautionary measures and methods of checking its quality and purity.

The Army uses such precautionary tests. On one occasion it rejected 30,000 of a shipment of 50,000 cans of ether because of dangerous impurities. According to the evidence before the Committee on Agriculture and Forestry of the U. S. Senate, in 1930, the 30,000 cans of Squibb's Ether rejected by the Army were returned and sold in the open market.

Instead of protecting its members and the public, it was testified, the A. M. A. continued to advertise these brands of ether in its journals and suppressed data regarding their danger.

LET NOT THY RIGHT HAND——

Sometimes the very issues of the A. M. A. Journals that contain scientific evidence of the worthless or damaging nature of a product may also carry advertisements of it, incorporating claims that are belied by the articles. Though the A. M. A. censors demand of lay publishers that they sacrifice profits for the protection of their readers, they themselves eschew that policy.

In the issue of the *Journal of the A. M. A.* of July 9, 1932, is to be found a report by the Association's Council on Pharmacy and Chemistry on the lack of effectiveness of mercurochrome as an antiseptic. It details the falseness of the claims made in the advertisements of the product. Before this report appeared, mercurochrome had been advertised only occasionally in the *Journal of the A. M. A.* For some curious reason, the advertisements of mercurochrome in the *Journal of the A. M. A.* and in other magazines published by the Association, became larger, more frequent and intensive after

the attack. And the Council on Pharmacy and Chemistry has continued its "acceptance" and subsequently renewed it.

FISHBEIN BOOSTED BLINDING DINITROPHENOL

The reading columns of the journals of the Association and other avenues of publicity are often used to stimulate the use of products unacceptable or not "accepted" by the Council. Such a case is Fishbein's pushing of the poisonous "reducing" drug dinitrophenol which has proved so tragic for hundreds of thousands of persons.

Dinitrophenol's biologic properties first came to light in France during the war, in connection with its use as a solvent of "dope" for airplane wings. High fevers, loss of weight, neuritis and deaths were traced to its poisonous action. Much research and study were expended on the drug on the Continent in the twenties. As a result it was barred from sale by law in England and Sweden.

Nevertheless, in the early thirties, the *Journal of the American Medical Association* undertook to recommend to the medical profession the use of the poisonous dinitrophenol for reduction of obesity. It began with the publication of an article by Drs. Cutting, Mehrtens and Tainter in the *Journal of the A. M. A.* Not content to stimulate the use of this poison in the columns of his journals, Dr. Morris Fishbein furthered its use among the laity through that vast practice of medicine which he conducts through syndicated articles in newspapers.

Dr. Fishbein's campaign to stimulate the use of dinitrophenol was engineered with such skill and facility as to be the envy of the most disreputable and unscrupulous quacks. They hastened to follow his lead. The drug counters of the country were soon laden with "reducing remedies" made of this poison.

The manner in which the physicians who are so stupid as to place their trust in the contents of the *Journal of the A. M. A.* and its editor, were led to administer this poison to their patients is illustrated by the following item appearing in the column of queries to the editor in the June 29, 1935 issue of the *Journal of the A. M. A.* (p. 2385).

> "Alpha dinitrophenol is probably no more risky in this (case of obesity) than in other cases."

In this manner the editor advised and recommended the use of dinitrophenol. No more misleading statement has ever appeared in the vilest type of patent medicine advertising.

In its poisonous action dinitrophenol is devastating. In collaboration with Dr. George Cameron, I have demonstrated that dinitrophenol not only poisons the taker, but may cause monstrosity formation such as absence of eyes and ears in his or her offspring. As a result of the use of dinitrophenol, brought about by Dr. Fishbein and his associates, many persons died, many thousands have been blinded, disabled and maimed, and future generations have been victimized.

In sharp contrast with their hyperintensive publicity methods in the case

of "elixir sulphanilamide," Dr. Fishbein and his A. M. A. made no drive to stop the use of dinitrophenol. On the contrary, they used all their power of control and censorship of the press to hush the matter. Pressure was brought to bear against resolutions introduced by me before scientific bodies petitioning the Federal Government to step in and bar the use of the drug.

As a consequence, dinitrophenol may still be sold over the drug counter in some states; and doctors who are slow in catching up with their medical reading still may prescribe it, on the basis of Fishbein's earlier advices. Many malpractice suits by the victims against their physicians arising out of poisoning by dinitrophenol are being settled out of court.

To protect the profession against further malpractise suits for poisoning from dinitrophenol, and to protect the insurance companies issuing malpractise policies, the usual device is being adopted. The literature is being filled with sly reports of experiments to "prove" that dinitrophenol is not poisonous and does not cause cataracts. Thus Dr. A. M. Yudkin has reported in the *American Journal of Ophthalmology* and the *Archives of Ophthalmology*: "Dinitrophenol given in large doses does not produce lenticular changes in animals, nor does it aid in the formation of cataracts." The reports are useful in confusing juries. For "experts" testify falsely on their basis that dinitrophenol does not cause cataracts.

It would be far more salutary if the instigators of this outrage were brought to account. But the American Medical Association has built up for itself such power and such reputation and odor of holiness and sanctity, that it can regard itself immune from legal prosecution.

During all the time that the columns of the *Journal of the A. M. A.* were stimulating intensively the use of dinitrophenol, never once was it hinted that there was any question about the acceptance of the product by the Council. Emphasizing the irony of the A. M. A. food and drug "acceptance," the Council announced its "rejection" of the drug after its use had been made widespread through its own agencies and by its boss, Fishbein. This belated rejection was poor consolation to the blinded victims of the poison.

WHAT PRICE ACCEPTANCE?

The tale of Dr. Abbott which has been related illustrates one type of consideration which might motivate the "acceptance" of a product. A distinguished professor, scientist and retired dean of a College of Pharmacy recounted to me the following tale which illustrates another type of quid pro quo, in the "acceptance" game.

President Joseph M. Flannery of the Standard Chemical Company of Pittsburgh, American producer of radium, summoned the doctor to an urgent conference, in 1913. He was very much upset because the A. M. A. had refused to "accept" the American-produced radium products, and the claims made for them, in spite of the fact that Madame Curie had pronounced them to be fully up to standard. He despaired because a large investment was at stake and depended upon the "acceptance" of the Association.

"There can be no question about the quality of the product," he

told the doctor. "I have tried to do everything possible to induce Dr. Simmons to grant us acceptance, without any success."

"Everything?" asked the doctor. "Is there not something that you have left undone?"

"But I would not dare to do that," said Mr. Flannery. "I would be afraid that I would be thrown out on my ear."

"Then do not say that you have tried everything," replied the doctor. After a few moments, the idea sank home, and with sudden resolve Mr. Flannery swore, "I'll be ———— ———— if I don't."

Two weeks later, the doctor again stopped off at Pittsburgh and found a jubilant Flannery. His product had been promptly approved and "accepted."

When the bosses of the Association were thus "induced" to accept the products of the firm they "went the whole hog." They accepted all the products. Included among the products thus accepted was a dilute solution of radium salts for internal consumption. This product, with the others was extensively advertised in the *Journal of the A. M. A.* and its use recommended to the medical profession.

This "accepted" radium drinking water has proved to be so highly poisonous and deadly that its use has been barred by law and by health authorities, after many deaths had occurred from its use. To cap the climax, Fishbein then editorially attacked the water, conveniently ignoring the fact that his A. M. A. Council had "accepted" it.

RESTRAINT OF DRUG TRADE

Steadily during the past three decades the monopolistic restraint of the American Medical Association over medical advertising to the profession and to the public has become more absolute. At the same time it also has become progressively less fair, less honest and more arbitrary in its attitude toward the manufacturer. This is illustrated by some of the grounds for rejection of products, the conditions for acceptance, and the actions taken.

The applicant for "acceptance" of a product must agree, in advance, that the Association will not be held legally liable for any damage sustained as a result of its actions. It is doubtful that such a stipulation barring redress would be ruled legal by the courts in case of tort or libel. But in case of legal contest, the manufacturer stands at so great a disadvantage with regard to medical and public opinion that even if he should win a lawsuit his financial losses would overshadow his gains.

The pharmaceutical manufacturers, like the rank and file of the medical profession, are deprived by the A. M. A. of their constitutional rights by this racket that does not trouble itself to stay within the skirts of the law in its coercion and restraint. Charges of monopoly in restraint of trade have been brought against the American Medical Association before a U. S. Senate Committee in 1930; and similar charges against Dr. Morris Fishbein and his Association were brought before the Federal Trade Commission, in 1931. It is a tribute to the power exercised by the A. M. A. that these obviously true charges have come to naught.

Grounds for rejection arising from the character or quality of a drug preparation and from its lack of medicinal value are understandable. But the Association and the Council have fashioned additional arbitrary rules, of which the following are samples, for clubbing manufacturers and dominating their business:

1. The A. M. A. and its Council assume the right to dictate the name under which a drug preparation is marketed, and of arbitrarily ordering a change of name.

2. A drug product may be rejected no matter how valuable it may be, if it has been developed and marketed by a firm that has not submitted its other products for "acceptance," or if the Council has chosen to reject other of its products.

3. Drug firms may not use in their advertising or literature reference to the scientific work of any investigator who is not a member of the A. M. A. or approved by it; and everything must be submitted for censorship to the A. M. A. This rule is especially severely applied to prevent dissemination of knowledge of nonsurgical methods of treatment of conditions for which surgery has been made accepted practise.

The first rule serves the purpose of turning over the business of a firm to a competitor, or of forcing a firm to enormously increase its advertising expenditures.

A ROSE BY ANY OTHER NAME——

An instance of arbitrary order of change of name of a product by the Council as a condition for "acceptance" and access to many of the advertising media of the country, is "Antiphlogistine." This product is a heat-retaining substance impregnated with counter-irritants. Its use is external; it has been in general use by the medical profession for a longer time than the American Medical Association has existed; and the results of its use have been uniformly satisfactory. Under these circumstances there would appear to be no reason why the firm should not be permitted to continue to serve the profession and the public.

The A. M. A. and its Council, however, demanded as a condition for "acceptance" that the name of the product be changed to "cataplasma kaolini." This would have involved loss of the "good-will" entailed in the name "Antiphlogistine," that had been built up in a period of more than half a century of service to the public and the profession and through the expenditure of a fortune in advertising. It would have meant abandoning a part of the trade and market built up by the firm to competitive firms who would have the privilege of marketing a similar product under the same name. The competitive firms would benefit from the advertising which the firm would be compelled to place in order to acquaint its following with the new name. The chief beneficiaries of the A. M. A. ukase would have been its own advertising business and the businesses of the competitors thus favored by the Association.

Arbitrary orders of change of name are becoming more frequent; and

failure to comply by the prejudiced firm is becoming more often the basis of "rejection" of drug products. One such recent order resulted in barring the Abbott Laboratories from continued advertising of one of its products originally marketed under the trade-marked name "Nembutal," within a short time after the death of "Doc" Simmons.

DEPRESSION-PROOF "BUSINESS"

The A. M. A. and its bosses have seized tremendous commercial power through the testimonial rackets. As their domination of the drug industry has become more absolute and arbitrary, the opportunities for making it profitable have proportionately increased. The annual report and balance sheet of the American Medical Association amply attest to this. For the year 1936 the Association reported a new high, one million four hundred thousand dollars, in its steadily rising profits that were in no wise checked by the depression. The *Journal of the American Medical Association* has become one of the most lucrative advertising media in the country. The powers which they exert over the drug industry are sufficient to insure its journals as much advertising revenue as they desire. There is nothing to indicate that advertising is the sole source of profits derived from the monopoly set up by the Association; or that all the profits which accrue from it are to be found in the balance sheet of the Association.

"DIGGING UP" ADVERTISING

An illustration of how the A. M. A. can increase its revenue is the experience of the firm of ———— & Co. The full name is omitted because the firm fears the reprisals of the A. M. A. and threatened to deny the story if their name is mentioned. ———— & Co. manufacture and market through their pharmaceutical division some of the most reliable endocrine gland products available on the market. In the past they have marketed and advertised these products without making any assertions or claims of curative or therapeutic value. Their labels merely stated the gland from which the preparation had been made and the method used in its manufacture. No policy could be regarded as more ethical or honest; and none could better serve the interest of the public and of the medical profession.

But the ethical marketing policy of ———— & Co. did not serve the interest of the American Medical Association and its bosses. For ———— & Co. found it unnecessary to push their products in expensive advertising campaigns. Their quality was known to the profession and their honest labels served to sell them without high pressure advertising. As a consequence the American Medical Association did not get much of the ———— income through the route of its advertising department.

The representatives of the A. M. A. openly pressed the ———— Company for more advertising business. They made no headway, because the honest policy of ———— in making no therapeutic claims for their products made them invulnerable to intimidation, coercion and other forms of racketeering.

A new line of approach to ————'s advertising funds was then laid.

The company was given to understand that it was expected to make claims of curative or therapeutic value for its products as a condition for their acceptance. The object of this ultimatum, which negates completely all principles of the "ethics" of drug marketing laid down by the Association itself and violates the interests of the public by encouraging self-medication, was quite apparent to the officers of ———— & Co.

> "They are trying to get us out on a limb," said a spokesman of the company, "by forcing us to make claims for our products. They will then be in a position to force us to take as much advertising as they wish."

Nevertheless, ———— & Co. did not dare to disobey the ukase. They are now making a gesture in the direction of therapeutic claims on such products as adrenal cortex. The inside covers of the boxes now bear the legend: "Uses, pernicious vomiting of pregnancy."

THE A. M. A. AVENGES ITS HENCHMEN

The adrenal cortex hormone is so important a substance that it has deservedly been given the name "vital hormone." It was originally isolated by several workers including Stewart and Rogoff, Hartman and others about 1928. Commercial preparation of a highly purified product was made possible by the findings of Drs. Swingle and Pfiffner of Princeton University; and they sold the patent covering their method of preparation to Parke, Davis & Co.

When Professor Swingle and his co-workers obtained their patent, personal jealousy between the groups of research workers flared up into venomous hatred. The A. M. A. sided with a member. The product was rejected by the Council without consideration of the facts and with deliberate distortion of the truth. Advertisement of the products was barred in all the journals and magazines dominated or influenced by the A. M. A. The editor of *Science,* Dr. J. McKeen Cattell, announced that he would not accept any further publications on the subject after the appearance of important initial reports.

How thoroughly intimidated are even the reputable drug houses by the A. M. A. is revealed by the fact that Parke, Davis & Co. did not dare to fight back at these false and demonstrably malicious attacks on their preparation of the hormone in spite of their large investment in it.

They undoubtedly feared that if it should make any semblance of fighting back or attempting to defend themselves, the malicious reprisals in other directions would follow, which would prove to be even more costly financially. The A. M. A. published fictitious analyses of the product which were absolutely belied by the investigations of some of the most distinguished chemists of the land. The product was falsely pronounced to be worthless in publications in the A. M. A. journals; and no replies were permitted to enable disproof of the utterly false allegations. Libellous attacks were made on the product in the journals of the Association and in letters written to intending users. The market for the product was virtually destroyed.

"HIGHBINDERS OR RACKETEERS!"

Mr. Loeser has had the admirable courage to openly expose in a 1936 publication of his firm named the *"Journal of Intravenous Therapy"* the "acceptance" tactics of the A. M. A. In an article entitled "State Medical Society Protests Misinformation and Misconduct of Council on Pharmacy —Expositions of Council Methods & Frauds Perpetrated On the Medical Profession," Mr. Loeser related the experience of his firm.

Fishbein and his A. M. A. Council on Pharmacy & Chemistry, Mr. Loeser reported, had persistently rejected and condemned the products of Loeser Laboratories which pioneered in the field of medical preparations for injection into the veins. One fine day, the A. M. A. sent an agent to solicit advertising for its journals from Loeser Laboratories.

"We were informed that the Council would accept one product to *allow advertising* in the State Medical Journals.

"It required acceptance of two to allow advertising in the Journal of the A. M. A.

"The Council informed us that U. S. Pharmacopoeia remedies are beyond their scope . . . a subterfuge and untruthful . . . clearly indicated by the number of U.S.P. products in the New and Non-Official Remedies (the list of accepted drugs) some under coined titles, every one a violation of the Council rules.

"They suggested Loeser's Intravenous Solution of Mercury Oxycyanide and it was 'accepted' by the Council. . . .

"For approximately three years Loeser pharmaceuticals were advertised in many of the State Medical Journals.

"Having in mind statements of the Council regarding the rules, we were astounded by the Council's acceptance of a solution of calcium chloride with the addition of urea under a non-descriptive title and the appearance of the advertising in the *Journal of the A. M. A.* We asked for an explanation, pointing out that this preparation violated the rules as to simple scientific solutions and the non-descriptive name.

"Why should an ethical product be confined to State Medical Journals and a non-conforming pseudo-scientific imitation be given an advantage in competition?

"THIS AND OTHER ACTS OF DISCRIMINATION AND LATER CONDUCT CONFIRMED OUR BELIEF THAT DR. FISHBEIN AND THE COUNCIL WERE MERELY ACTING AS AGENTS FOR FAVORED FIRMS.

"The unsatisfactory and evasive replies prompted us to cancel our advertising contract with them.

"HIGHBINDERS OR RACKETEERS"?

"Shortly after the cancellation of advertising contract the Council published in the *Journal of the A. M. A.* what were purported to be refusals to accept several Loeser pharmaceuticals.

"We present reprint of one regarding Loeser's intravenous solution of Calcium Chloride, the advertising of which repeatedly appeared in

State Medical Journals and the literature approved by the Council's own committee. We urge every physician to scrutinize the Council's statements, and compare the numbered paragraphs with our corresponding numbered statements of facts. By doing so you will realize that State Medical Societies act wisely in demanding honest information. It will give a physician a comprehension of the tactics employed by this supposedly scientific group.

"It is hard to see in what manner these activities of the A. M. A. differ from the ordinary blackmailing rackets."

FISHBEIN NULLIFIES THE CONSTITUTION

Having tasted the fruits of limited and indirect monopolistic control, Fishbein and his Association have conceived grandiose ideas of an absolute and direct monopoly of the drug industry. As the first step in such control, Morris Fishbein and his cohorts are bending their efforts to throttle scientific organizations with the prime purpose of monopolizing completely all avenues of publication of matters pertaining to medicine. In this manner they will be able to avoid any leak of scientific information to even the scientific groups interested; and will be able to completely bar any publicity to the general public.

The first move taken by the Association in the direction of attaining this objective that came to the notice of the public was the throttling of the publication of a paper on a new synthetic drug by Herman Seydel before the Chemical Society at its 1937 convention. Seydel's drug is no worse or better than numerous drugs extensively advertised in the journals of the A. M. A.; and in being non-poisonous it is better than some there advertised. It was tested and approved by a number of competent physicians. On the usual pretense, protection of the health and lives of the public, Fishbein and his clique undertook to abridge the freedom of speech of the members of a society which is in no wise connected with the A. M. A. They demanded that Seydel be prevented from presenting his paper; and the Society acceded.

It was amazing indeed, that the press and the Chemical Society tolerated this wholly un-American infringement on the rights of others. This act was part of a scheme of expansion of the monopoly of advertising and publicity and the restraint of the drug and chemical industries.

FISHBEIN CLAIMS DRUG DICTATORSHIP

At the Rochester meeting of the American Chemical Society in September 1937 Fishbein, drunk with the powers which he had been permitted to usurp over the chemical and drug industries of the country, threw caution to the winds and voiced his ambition and intent to set up for himself an absolute monopoly of the drug business. He proposed that the American Medical Association, in other words himself, be given control of all medical discoveries and patents, and more immediately of the patents which have been developed in the universities of the country.

Patenting of medical discoveries he justified with the statement: "Why should . . . a physician give freely to everyone the product of his brain when the

state refuses longer to consider him as a philanthropic worker for the benefit of mankind?"

He therefore seeks, he said, to rectify the social injustice to the physician; but not by permitting the individual to enjoy the fruit of his research labors. He wishes to bar any such contingency because of the "corrupting influence" of an honest reward to the individual physician for his labors. Likewise, he discerns a "corrupting influence" on universities which hold medical patents and enjoy the financial returns therefrom. Industry, he said, certainly cannot be trusted.

Dr. Fishbein can only see one solution for eliminating the corrupting influence of the millions of dollars that now flow from medical discovery and invention—their diversion into the pockets of his incorruptible self and of his clique. He trusts himself alone.

Even the New York *Times* which staunchly has supported the medical rackets when they do not conflict with the social service, was moved to comment upon Fishbein's proposal (September 5, 1937) in the following vein:

> ". . . there is no evidence that a virtually monopolistic control by a single organization of all meritorious patents taken out by physicians and professors in universities is desirable."

A NEEDED REFORM IN MEDICAL PATENTS

A reform in medical patents of another character is urgently needed. Most of the essential life-saving drugs that have been developed by recent chemical and medical research, such as the gland hormones, have become subject to such merciless and intensive exploitation, and the profits demanded by their patent owners is so exorbitant, that they are entirely beyond the reach of all but the wealthiest patients. In many instances the German Dye Trust and their allies alone profit. This situation means the denial of health, sanity and life to hosts of ill.

The solution indicated is the reverse of that advocated by Fishbein, turning over the patents to the A. M. A. for exploitation. The patent laws should be amended to cause all such patents to revert to the Government for public welfare; and to provide a pension for the inventor. France denies any patents on drugs. But this is not wise; for it offers no incentive for discovery and invention. The patent-pension plan stimulates research and discovery. This reform would do more to bring down the cost of medical care than any Socialized Medicine plan.

NEW JERSEY SOCIETY DEMANDS INVESTIGATION

Capping the climax of cumulative proof of the utter dishonesty and untrustworthiness of the entire food and drug acceptance racket of the American Medical Association is the evidence given by one of the constituent societies of the American Medical Association. The New Jersey State Medical Society at its annual convention May 2, 1935, adopted a resolution condemning its parent organization, the American Medical Association, for racketeering in foods and drugs. It read as follows:

". . . Whereas the Committee on Food and the Council on Pharmacy

and Chemistry, and the Investigations Bureau of the American Medical Association have exercised selections unwarrantably in the notices of judgment they have published, and have permitted the licensee to use their seal on the advertisements of products that are even at the same time being successfully prosecuted by libel actions under the Food and Drug Law, and

"Whereas it is our duty as physicians to assume leadership in promoting free and open discussion of a condition concerning which we should have expert knowledge if we had honest information.

"Therefore, BE IT RESOLVED THAT THE NEW JERSEY STATE MEDICAL SOCIETY do hereby urge and as representative of the ethical physicians of the United States do hereby demand a complete Congressional Investigation of the enforcement of the present Pure Food and Drug Law, the investigating committee to have full power to call individuals and records under oath, before any new pure food and drug legislation be enacted by Congress. . . ."

What could more perfectly prove the corrupt political nature of the organization of the American Medical Association than the fact that the political bosses of the Association, under Fishbein's leadership, barred the introduction of this resolution of a constituent society at the annual meeting of the Association? Of equally serious import is the fact that no newspaper published these highly important and sensational charges and resolutions.

A MENACE TO THE PUBLIC

Enough has been related to indicate that even were the officers of the American Medical Association men of the highest integrity, their arbitrary control of the drug industry would constitute a menace to the interests of the community as unwarranted as are absurd the pretensions of its editor and Council to omniscience and infallibility. Such tremendous and arbitrary power over an industry, the business of which reaches values of billions of dollars annually with profits which reach hundreds of millions, is beset with temptations which few honest mortals could resist. But medical politicians and bosses of organized medicine are rarely honest. The representatives of the A. M. A. openly acknowledged betrayal of public confidence in the hearings during the Investigation of the Administration of the Federal Food and Drug Act by the U. S. Senate Committee on Agriculture and Forestry of the Seventy-first Congress.

The temptation to convert new and important drugs into secret remedies to be used for the enhancement of their reputations and incomes is so attractive to the overlords of medicine that they are making it "accepted practice." The excuse offered the public is that the remedies are undergoing clinical testing. The implication is that the rank and file of the profession are not competent to judge the effects of drugs on their patients. If that be true, they must also be adjudged incompetent to practice medicine; for practice requires constant evaluation of the effects of drugs and treatments on variably responding patients. The excuse is obviously false.

In the creation of a group of secret remedies the "acceptance" racket is

now supported by the new Food and Drug Act. Its ridiculous restrictions, which mark an extreme swing of the pendulum in the direction of absurd caution, bars the public from the benefits of many drugs of the highest value unless they pay high fees to medical "leaders" who alone may use them. Drugs like histaminase, for the relief of serum sickness and allergy, and corticosterone, the active principle of the adrenal gland cortex were widely used abroad for many years before they were admitted to use in the U. S. Under the impossible terms of our drug act, the introduction of such drugs is long delayed and some may never be admitted for use in this country unless the A. M. A. and its Council see fit to approve them. The set-up for extortion of the public, blackmailing of the drug trade, and monopoly of the industry is perfect. As the subsidiaries of the subsidized German Dye Cartel say, only the most "efficient" firms will survive.

CHAPTER VII.

MEDICAL EDUCATION—A RACKET

THE calibre of medical services rendered to the community is largely dependent upon the quality of the basic training which the physician receives in the course of his education, and upon the facilities which the graduate physician has for keeping abreast of medicine and its advances. It is unfortunate for the community that both of these processes are so highly commercialized that they deserve no better designation than rackets.

In past centuries, a medical student, after receiving fundamental scientific instruction, received his training as an assistant to a practicing physician. Inasmuch as the practice of medicine is an art which involves flexible application of medical and other sciences, such preceptor training in medicine is the only form that is safe or proper. The student receives individual training and instruction; and the application of his knowledge is watched closely in order to safeguard the lives of patients entrusted to his care.

The origin of the modern medical school can be traced to the commercial ambition of medical leaders of the past century. Their incomes from teaching were often larger than from practice. Thus Dr. David Hosack of New York City, reported that in the years 1826 to 1829 he made fourteen hundred dollars from his private students and assistants.

An idea of the relative magnitude of such an income can be sensed from the fact that with it Dr. Hosack was able to indulge in the luxury of a botanical garden on the site of the New York City Public Library.

Teaching physicians also observed that their assistants, when launched into independent medical practice, continued to call them out on well-paid consultations. It dawned upon some of them that if one assistant or student would call them on five consultations per year, one hundred medical students probably would call them on 500 consultations per year; and their incomes and practice would thus be multiplied. The entire history of medicine in the U. S. has been characterized by a mad scramble for the commercial profits of teaching medicine. This is illustrated by the history of the College of Physicians and Surgeons of Columbia University.

HISTORY OF THE COLLEGE OF PHYSICIANS AND SURGEONS—COLUMBIA UNIVERSITY

The first medical school in New York was that of King's College (now Columbia University) founded in 1768. It was short-lived, because of factional strife in medicine in New York City.

When Dr. Nicholas Romayne, in 1791, requested the Regents of the University of the State of New York to supervise his private medical school, Columbia University blocked the organization of the school by politics until 1807. Organized as the College of Physicians and Surgeons, Dr. Romayne's

School merged with Columbia University in 1813. Between 1809 and 1814, the state approved lotteries for the medical schools. From the lottery of 1809, the College of Physicians and Surgeons received five thousand dollars which constituted the chief lure for the belated merger.

Universities have regarded medical schools as good businesses because they could be made to pay. But the College of Physicians and Surgeons was not much of a financial success for Columbia University. For the cream of the profits was drawn off by the professors who collected their tuition fees directly from the students. So lucrative was the college to the "professors" that they were willing to lend it twenty thousand dollars out of their own purses. Some professors earned as much as $8,000 a year from their jobs.

The large income derived from medical schools by the professors, and their unfair competition made possible by the advertising of the school, aroused the jealousy of the trustees of the College and of the medical profession. Jealous commercial quarrels raged continually between the competing professors over sharing of the money and business, and became public scandals.

THE WAR OF THE MEDICAL SCHOOLS

These jealous bickerings reached a climax in 1826. Envy of the large professional income of Dr. David Hosack who represented the socially elite element in the community, and of his income from private instruction started a war between factions on the faculty of the College of Physicians and Surgeons. Charges were brought against him and other professors by the trustees of the College which alleged favoritism, misappropriation of funds and oppression. It is interesting to note that several years prior, in 1819, the College was charged by the New York City Medical Society with falsification of records of students, failure to hold public examinations and favoritism in granting degrees to unqualified students. This last charge is interesting because the practice still continues.

As a result of this disreputable conduct the charter of the College was amended. The charter originally granted the College made the profession and the entire medical society of the city and county of New York the board of trustees. In 1816, the number was cut to twenty-one. In 1826, so well had the physicians discredited themselves with their bickering that the law was amended to require that ten of the trustees be laymen. The appointment of these trustees rested with the Regents of the University of the State of New York, who negotiated between the College and legislature. The balance of power was given by this act to the laymen.

As remonstrance against the legislation which ousted them from the control of the business of the Physicians and Surgeons, Dr. Hosack and his professors resigned. With a charter secured from Rutgers University, they proceeded to establish a rival medical school. This was an eloquent commentary on the political power of Dr. Hosack and his clique. For in earlier years they had always succeeded in blocking the establishment of a medical school under the Rutgers' University charter by their rivals.

The attitude of the "professors" is revealed by the Regents' report to the

legislature on the condition of the school in 1827, which is quoted from the report of the Trustees of the College, as follows:

> "The unfortunate state of the College during the last winter, with the circumstance of another medical school having been established in this city, under the patronage of a College in a neighboring state, has had an effect which is to be regretted. To these causes may be ascribed the diminished number of students attending the College at this time."
>
> ". . . The College since its re-organization, has gone into operation with brighter prospects of success in many respects, than have been witnessed in many years. The Professors being now confined to their proper sphere of teaching, have no longer the power nor the disposition to interfere with the government of the College. Thus discord, suspicion and strife have given way to harmony, confidence and good feeling."

In the following years, 1828 and 1829, the College of Physicians and Surgeons found itself in dire straits. It was indebted to its former professors to the extent of twenty thousand dollars. It called upon the New York State Legislature to aid by paying off the debt and by denying a charter to the competitive Rutgers Medical College. The professors alleged that the rival professors would use the money paid them to drive the Physicians and Surgeons out of business. The Hosack group replied that it was the superiority of their medical school that was driving the Physicians and Surgeons out of business. By 1830, the Rutgers Medical College closed its doors.

During all this passage-at-arms and "conflict of ideals" of these merchants-in-medicine, never once were the interests of the public or of the students considered. Instead, a higher income was assured to the professors from the tuition fees of fifteen dollars per course, by increasing the length of attendance required to two years. During both years the students were compelled to attend the same course of lectures.

DIPLOMA MILLS MULTIPLY

The situation in medical education in New York was characteristic of the situation in other sections of the country. The large incomes of "professors" tempted doctors to start new medical schools to amplify their otherwise meagre incomes. Those physicians who succeeded in getting into the medical "education" racket sought to make a monopoly of the business and to keep out rivals.

The dawn of the era of "big business" discovered medical leaders launching upon "big business" in medicine. In the last decades of the nineteenth century and in the early decades of the present century, medical schools grew like mushrooms, overnight, in all sections of the country. In these schools, classes containing as high as 200 to 300, or more, students were not at all unusual. Teaching was conducted on a lecture and quiz basis. The vogue was then established which still persists in medical education.

The art of medicine, upon which human lives depend, is made the subject of rote learning and dependent upon the chances of examination. There

was no valid effort to make sure that these future practitioners had mastered the skill and the knowledge necessary for the protection of the lives of their patients. These schools were highly successful, however, in building up enormous practices and incomes for their medical bosses.

A further step in the development of the medical education racket was the "diploma mill." These institutions gave concrete expression to the obvious fact that attendance in crowded classes to hear lectures on diseases and their remedies is of no value in the learning of the art of the practice of medicine. Facing the situation with greater candor than their competitors, the schools issued medical diplomas to applicants who were willing to pay the price, without requiring that the applicant even attend the school.

It is seriously to be questioned whether these diploma mills did not turn out greater physicians than did their competitors. Thus the Rush Medical College of Chicago gave a degree to George H. Simmons while he was practicing as an advertising quack many miles away in Lincoln, Nebraska. It thus supplied the medical profession with the man who revitalized its august and authoritative A. M. A.

MEDICAL EDUCATION AND THE ROCKEFELLERS

Competition became extremely keen in this medical school business. As a consequence the overlords of medicine found that they were not gaining the full advantage which they had hoped from their medical schools. They thereupon set about establishing a monopoly of the medical school business and wiping out their competitors.

The merchants-in-medicine, organized in the A. M. A., found allies in their fellow merchants in industry at the beginning of this century. It is peculiarly fitting that the agency that enabled them to monopolize the field of medicine and its education should be the General Education Board, an outgrowth of Doc William Rockefeller's quack cancer cure and medicine show.

A joint investigation into the medical schools of the country by Abraham Flexner was instituted about 1910. There ensued a publicity campaign of calumny and slander directed against medical schools in which the socially elect political bosses of medicine had no interests. The competing schools were represented as low grade and inferior. While it is true that the standards of some of them were low, few were lower in calibre than many of the schools which were sponsored by the bosses and investigators and approved for that reason. Over half of the 165 medical schools of the country were forced to close their doors. The balance of the medical schools were left in monopolistic control of medical education.

This manoeuvre left the remaining schools under heavy debt to the Rockefeller group and their General Education Board. By judicious subsidy, this debt has been converted to a highly profitable, dictatorial control of the medical schools of the country by the Rockefellers and allied financial interests, and by subsidiary social service groups.

MEDICAL EDUCATION PERVERTED TO PROPAGANDA

This control of medical education and research has brought large divi-

dends for the relatively minor funds invested. Among these dividends are the intangible items: allaying of public resentment and antagonism, and public good-will gained through proper publicizing of these virtuous activities; the earning of good-will through provision of comfortable berths, professorships, research positions, and others, for dependents of folks of influence or of associates; quite as important, if not more so, the power to eliminate individuals or groups of individuals, who insist upon telling the truth as they see it and thereby jeopardize the monetary interests of these powers. By alliance with religious institutions and missions abroad, they were enabled to penetrate and gain the good-will of foreign lands for the furtherance of trade, commerce and oil.

Some of the dividends, however, were more tangible and far exceeded the value of the supposed philanthropies. Among these were: the control and manipulation of the vast funds and endowments of the schools and universities; profits derived from licit and illicit enterprises, such as the milk racket, the drug monopoly and oil concessions, which were given prestige by the support of the prostituted institutions and their professors; and a very profitable control of medical and allied businesses.

It has also enabled the group who control the Foundation and other Rockefeller agencies to plant in universities as professors, propagandists who serve their interests. Thus the Foundation has endowed the Institute of the History of Medicine of Johns Hopkins University at the head of which has been placed the German propagandist of the Bismarxian program of Socialized Medicine and Compulsory Health Insurance, Professor Henry E. Sigerist. With Professor C. E. A. Winslow he has been one of the most active agitators for the program which is so eagerly desired by the German Dye Trust and their Rockefeller allies.

From the subsidized group of professors there was recruited the "Committee of 430." It is not a matter of chance that some of the professors are leaders of Communist propaganda. Thus Dr. A. E. Blumberg of Johns Hopkins University has been cited by the Dies Committee as the secretary of the District of Columbia-Maryland branch of the Communist Party. Professor Franz D. Boas of Columbia University is reported by Walter Winchell to be the head of the Communist cabal organized to discredit John Edgar Hoover and the F. B. I. His son, Dr. Ernest Boas, assistant professor of clinical medicine of the College of Physicians and Surgeons, Columbia University, leads the pseudo-liberal element in the medical profession of New York in its campaign for the adoption of Socialized Medicine, and is a prominent leader in Organized Social Service.

These professors have organized an intensive campaign of propaganda which follows closely the party-line of the Bismarxian or Communazi dogma. They do this with the support of Organized Social Service and with the aid of subsidies from pseudo-philanthropies and of associated commercial interests. Under the auspices of an advisory board consisting of members of the Committee of 430, there is issued, as a vehicle of propaganda among medical students, a monthly magazine, *The Journal of the Association of Medical Stu-*

dents, which is distributed free of charge to the students. On the advisory board of the *Journal* are the following:

Charles Sumner Bacon, M.D., University of Illinois; Emmet Bay, M.D., Rush Medical College; Hugh Cabot, M.D., University of Minnesota; Walter B. Cannon, M.D., Harvard University; A. J. Carlson, M.D., Rush Medical College; Lewis A. Conner, M.D., American Heart Journal; David J. Davis, M.D., University of Illinois; Reginald Fitz, M.D., Boston University; J. F. Fulton, M. D., Yale University; Harold Edward MacMahon, M.D., Tufts College; James H. Means, M.D., Harvard University; Adolf Meyer, M.D., Johns Hopkins University; Joseph Earle Moore, M.D., Johns Hopkins University; Harry S. Mustard, M.D., New York University; Thomas Parran, M.D., U. S. Public Health Service; John P. Peters, M.D., Yale University; G. Canby Robinson, M.D., Johns Hopkins University; Martha Tracy, M.D., Woman's Medical College of Penna.; Maurice B. Visscher, M.D., University of Minnesota; C.-E. A. Winslow, D.P.H., Yale University; George B. Wislocki, M.D., Harvard University.

"ENDOWMENTS" AND MEDICAL EDUCATION COSTS

The medical school business under such control has become a highly lucrative business in more than one way. The greater the investments, or "endowments," of the medical schools have become, the higher are the tuition fees demanded of the individual medical students. Tuition fees in medicine range as high as seven hundred dollars. The greater the sums contributed for "the improvement of medical education," the higher has become its cost to the student. There is about the highly endowed medical schools, little of the altruism which they demand of their students—they are becoming increasingly, purely commercial institutions bent on charging all that the traffic will bear.

MONOPOLY OF MEDICAL EDUCATION AND OF THE PRACTICE OF MEDICINE IS NOW, AS IT ALWAYS HAS BEEN, THE GOAL OF THESE ORGANIZATIONS AND THEIR CLIQUES.

The number of students admitted to the medical schools has been steadily reduced and restricted to the men whom these cliques choose to admit. They pretend to desire students who will not follow the example of intensive commercialism given them by the schools, and improvement of the calibre of the medical graduate. This is belied by the basis of choice of students. Two of the most important considerations are wealth and social position, and Aryanism. The non-Aryan quota system has rapidly degenerated into a method of blackmailing the Jewish applicants to the average tune of one thousand dollars for admission in many institutions; and in due time, this easy money racket has been extended to all applicants for admission. The restriction of medical education to rich "gentlemen of leisure" usually spells no good for the average public.

THE LAW AND MEDICAL EDUCATION

The bosses of medicine collaborated with the A. M. A. and established minimum standards and requirements for medical schools which were suc-

cessively incorporated into the law of the various states. Under these laws, they appointed themselves, or had themselves appointed, the dictators of medical education and licensure in their respective states. They invariably arranged to have the medical schools in which they had vested interests included in the list of legitimate institutions. But this does not mean to say that their schools made any attempt to comply with the minimum requirements which they set up in the law.

Thus, as late as 1917, the College of Physicians and Surgeons, Columbia University, a school rated high in the Flexner report, failed utterly to teach at least two subjects required by the Medical Practice Act of the State of New York. But its Dean, Dr. Samuel Lambert, was a member of the Medical Board of Regents, who controlled medical education in the State of New York.

I recall, with excellent reason, the calibre of instruction which students received in that school. The most illustrative incident occurred in my senior year at the school. My section of the class was assigned for "instruction" in surgery to the Presbyterian Hospital. Our instructor was a Fellow of the American College of Surgeons, a man more distinguished for his social and financial affiliations than for his competence as a surgeon. Without the former, he would have been quickly denied the opportunity to operate, as an incompetent. He has his incompetence and his social and financial position to thank for the fact that he was "kicked upstairs" and made the executive head of a surgical department.

Our instruction consisted in watching him operate. It was barbarous. Three patients died on the operating table under his knife in one session because of egregious blunders and gross carelessness. I dreaded to think that life could be sacrificed so cold-bloodedly to such absolute and unbelievable incompetence.

Reassigned to the same instructor on the following day, I sat with fellow members of the section in a room reserved for students, that was separated by a partition from the hospital library. We guardedly voiced our opinions and our horror at the deaths we had witnessed on the previous day; and speculated on the possibility of a repetition of the incident. Before long, a patient passed on the way to the operating room, the first victim of the day. When he had passed I remarked to my fellow students—"More sheep to the slaughter." Much to our embarrassment, the instructor in question bounded out of the adjoining library room and disappeared.

A few minutes later, I was summoned to the office of the Superintendent of the Hospital. The instructor had accused me of making the above-stated remark to the patient. I was suspended and ordered to report to Dean Lambert. This was within two weeks of graduation.

On reporting to the Dean, he informed me that I was suspended, and would not be permitted to take the examinations or to graduate. I heatedly challenged his statement. He thereupon pronounced me to be mad. Fearing little whatever truth there may have been to his remark, I offered to submit that question to a competent psychiatrist of his own choosing.

Fortunately, the psychiatrist let me off. I passed my examinations with

flying colors, and even received an offer of an appointment in the department of neurology and psychiatry. Thus ended my first tilt with organized medicine and the hospital system.

Upon passing my State Board examinations, I bethought myself of the deficiencies of the medical education which I had survived. I notified the State Board of Medical Regents of the failure of my alma mater to comply with the Medical Education Act. Shortly thereafter Dr. Lambert was no longer Dean or Regent.

The calibre of the control of medical education is made even more apparent by a recent incident also involving the New York State Board of Medical Regents. Its secretary, Dr. Harold Rypins was named in connection with "fixing" for a highly organized abortion racket. He died of angina pectoris in the home of an Assistant Attorney-General assigned to the Board who was also accused. In the hands of men of this type lies the control of medical education, licensing and "ethics" in all sections of the country.

"RISING" STANDARDS OF MEDICAL EDUCATION

The monopoly of medical education has not resulted in any material improvement in calibre or mode of instruction. It is motivated by the same objective, the building up of large teaching incomes and lucrative consultant practices for the professors and instructors. It is unfortunate that the privileges and advantages of teaching medicine in the medical schools and universities is, as frequently as not, a matter of nepotism or of outright purchase. And it is relatively seldom dependent upon superior ability or superior knowledge of the subject taught. The subdivision of medical and surgical teaching into narrow specialties facilitates the distribution of the personal advantages which might be derived from the medical schools among a larger group of favored sons.

The calibre of teachers in some phases of medicine is inconceivably low. Some subjects, such as otology, the study of diseases of the ear, require knowledge of the sciences. It is doubtful if there are more than a half dozen professors of otology in the universities of the country who have sufficient basic training in the physical sciences to understand the subjects which they are supposed to teach.

The present-day medical school differs little from the proprietary and commercial medical school of the earlier days. Nowadays there is a bit more individual instruction and practical experience in diagnosing and treating of patients.

There has recently been added to the medical course, in most States, a fifth year devoted to internship. Internship in a large hospital does not imply effective instruction in the art of medicine. The greater part of the intern year is spent by the student in the mechanical routine of a large hospital. The larger the hospital, the more effectively is the intern reduced to the role of a cog in a machine. For the privilege of doing the servile tasks of the hospitals interns are now compelled to pay high tuition fees into the coffers of medical schools.

OBJECTIVES OF MODERN MEDICAL EDUCATION

The prime objectives of medical education and the mode of instruction in the present-day monopolistic medical schools remain essentially the same as they were in the days when the schools were frankly commercial.

The student is not taught so much that he will not be forced to call his instructor into consultation when he graduates and enters practice.

Mass classroom instruction, which must be set at the pace of the mediocre student, helps to insure against effective instruction. .

The subdivision of medicine into specialties involves the endless repetition of elementary and readily learned ideas, and consumes the time which might be spent in acquiring a rounded knowledge.

Lectures by the hour are given by professors and instructors who are too busy with their medical practices to keep abreast of advances in medicine. These lectures are often of very low quality, and are generally extremely fragmentary. They merely rob the student of the time that might be devoted to mastering his subject and to acquiring skill in its application.

Many essential phases of medicine, consigned to the realm of specialties and post-graduate instruction, are glossed over and neglected in the training of the medical student. But neglect of these subjects insures that the medical graduate will be compelled to refer cases of the diseases which have not been taught him to the specialist professor or instructor.

This was stressed by Dr. James Rowland Angell, President of Yale University, in a recent address made at the installation of President Dr. Frank C. Babbott, of the Long Island College of Medicine. He said:

> "I am convinced that the present curriculum of many of our medical schools is staggering under a useless legacy of traditional subject-matter, which could be curtailed to a great extent. Reorganization of medical courses would be a great improvement, and would result in the saving of time and energy of the student, and would materially increase his actual mastery of the practical problems with which he is later to be confronted. It might be necessary to establish a few new chairs; but the results would be worth the cost and trouble."

NOTABLE ADVANCE—WISCONSIN PRECEPTOR SYSTEM

There is one notable exception, in this country, to the low calibre of medical under-graduate instruction. At the University of Wisconsin, Dean Bardeen has honestly and intelligently acknowledged the inadequacy of classroom medical instruction, and has restored the "old-fashioned" preceptor system. Early in the course of medical training, the students at the University are sent out to work as assistants to practicing physicians to acquire skill in the art of medicine. Dean Bardeen deserves the thanks of the nation if this precedent will lead to a break-down of the medical school teaching rackets and to the institution of adequate training for the medical students.

Glenn Frank, as president of the University of Wisconsin, wrote an enthusiastic report of this improvement in medical education for a 1931 issue of the Wisconsin Alumni Magazine. He related that students of medicine

of the University were sent as far afield as Chicago to work directly under the supervision of practicing physicians. He stated:

> "Students are receiving, in the opinion of many competent observers, more careful personal instruction in clinical medicine than is provided in any other medical school."

NEPOTISM AND FAVORITISM IN MEDICAL EDUCATION

Within the last several decades, in increasing degree, intelligence and aptitude are being eliminated even in the requisites for admission to medical schools. Students are selected primarily for religion, wealth, submissiveness, subservience, and docility, to insure that they will fit into the corrupt system.

In some of the medical schools that are more completely controlled by the foundations and the Bismarxian propagandists, adherence to Marxian doctrines is an important consideration for admission. Thus the profession is becoming filled with Communazi propagandists and agents.

To cap the climax of inadequacy of university medical training, nepotism and dishonest practices are still as widespread as they were in the early days, in aiding inadequately trained and incompetent students to obtain medical degrees. Promotion and graduation are rarely dependent upon a thorough knowledge of the subject. They are dependent upon cramming and passing examinations. The dishonest practice of giving the favored few, or even the favored fraternity, a list of examination questions in advance of the examination is not unknown in the medical schools of the country.

In my last year at the College of Physicians and Surgeons, Dean Lambert undertook to question the ten highest students in the class, who had been included in the honor-roll just read by him, on an elementary subject in medicine. The honor-roll students failed ignominiously. They made a disgraceful exhibition from which they were belatedly rescued by loud promptings by less favored members of the class. This was condoned and overlooked by the Dean, to save his face.

POST-GRADUATE MEDICAL EDUCATION RACKETS

Racketeering in medical training does not cease with the undergraduate medical school. Although, in theory, graduate medical training might supplement and correct the inadequacies of undergraduate medical training, this is precluded in practice by the intensity of racketeering in the graduate medical schools.

Most of the graduate medical schools are proprietary institutions. In many of them, professorships and instructorships in the various subjects have been sold to the highest bidder. In some of them, such as College of Physicians and Surgeons (which was subsequently merged with the University of Illinois), the sale of a job was disguised by the sale of stock in the institution. Dr. G. Frank Lydston in his booklet entitled *"Why the American Medical Association Is Going Backward (a Critique of the Medical Trust)"* mentions his holdings of the College of Physicians and Surgeons stock. It readily can be understood that those who purchase professorships and instructor-

ships hope to make handsome returns on their investments through consultations and through the reference to themselves of cases and operations. If the subject matter of the specialty should become too widely known among practicing physicians, or if the post-graduate students learned too much, the chances of a return on the investment would be minimized. Therefore, the opportunities offered to physicians for post-graduate and special instructions are highly restricted.

For purposes of restriction and monopoly of the specialties, the cost of graduate instruction is made high in time and money as compared with the means and earnings of the members of the profession. In the graduate schools, the bulk of the instruction even in the surgical specialties, which especially require actual technical training, practice and experience, is almost entirely by lecture and rote. To acquire even this special instruction, a physician must give up as much as three years of his time for a single subject, and expend thousands of dollars.

Medical education does not terminate with schooling. Throughout his life as a practitioner, a physician must continue his education. Each day adds a new bit to the meagre stock of medical science. Medical journals, scientific journals, newspapers, books and libraries are essential to the physician and to the welfare of the patients who entrust their lives to his care. All of these have been converted into rackets by organized medicine.

ABUSE OF LICENSING POWERS

For the purpose of holding down competition, the number of students admitted to medical training is being severely restricted by organized medicine. Only a small percent of the total number of acceptable applicants is being admitted each year to the medical schools in this country.

For a time it was pretended that the reason for restriction was the limited capacities of the schools. The sham of this pretense became clear when the A. M. A. and the licensing boards of the various States that it controls, reached overseas and intimidated foreign universities from accepting American students. The foreign universities were threatened with removal from the list of those which are recognized as giving a course acceptable for American licensure. It was a neat bit of international blackmail that was made possible by the gang's control of the boards that license medical practice. Medical licensing powers are as often misused by organized medicine today as they were a century ago. History repeats itself.

CHAPTER VIII.

MEDICAL RESEARCH AND THE MEDICAL RACKETS

IN their "reorganization" of the A. M. A. it was natural that "Doc" Simmons and his gang should consider medical research primarily from the commercial angles—advertising, publicity and resultant profits. With those objectives in mind, they proceeded to fasten their grip on research by means of every agency that they controlled. It is not surprising, therefore, that supposedly humanitarian research is now often a blind for commercialism and racketeering.

The history of the attitude of organized medicine toward medical research, even before this period, was quite shameful. Few of the significant medical discoveries, which were to change the entire future of the field, had been made by doctors. The majority of these discoveries were made by laymen.

CONTRIBUTIONS TO MEDICINE BY LAYMEN

Digitalis, for instance, was given to medicine by herb-women who recognized the virtue of foxglove concoctions in dropsy. It was pooh-poohed for centuries by the stupidly dogmatic and bombastic "doctors" who insisted that the empirical and traditional teaching of Hippocrates and Galen embodied all that there was to be known about medicine.

Vaccination that has resulted in the wiping out of the plague of smallpox was contributed by the shrewd observation and common-sense of the farmer and dairy folks. It was belatedly introduced into medicine by Edward Jenner. The learned medical profession bitterly opposed its use.

The germ theory of the origin of disease and vaccination against rabies were contributed by a chemist Louis Pasteur.

MEDICAL "LEADERS" RIDICULED PASTEUR

The recent dramatization of the life of Pasteur has focused public attention on the hard path that confronts a research worker striking out into untrodden fields of science. Pasteur was fortunate in that he lived to see his work accepted, his struggles vindicated, and to enjoy the relatively scant and belated rewards of a scientist. He was fortunate in that the persecution to which he was subjected merely caused an apoplectic stroke and partial paralysis. Semmelweiss, who discovered the origin of childbirth fever, was of weaker fiber. He was driven to raving insanity by the bitter persecution of his ignorant and intolerant confreres.

The discoveries of Pasteur were so patently correct that they are now accepted as obvious and axiomatic. It helps in understanding the mechanism whereby "leaders" of medicine mislead their colleagues and the public into

believing untrue what is obviously true, and vice versa, to consider Pasteur's experiences.

The performance is as absurd as that of Petruchio, who in taming Katherine, the shrew, compelled her to call white "black" and black "white." The misleaders of medicine "tame" the balance of the profession. They exert over the profession a control gained by fair means and foul, to be used for whatever purposes they wish—often for selfish commercial and malevolent purposes.

The medical and scientific "leaders" of the Academie Francaise labeled "false" Pasteur's magnificent experimental work and his brilliant discoveries regarding disease. They did so in spite of the fact that they well knew that they were thereby condemning a man far more able and brilliant than themselves—a man who had saved for France several industries from disasters with which they had not been able to cope.

The proof of his discoveries which Pasteur offered the members of the Academie Francaise is the very proof that we now regard as thoroughly convincing. The "Immortals" refused even to glance at it. They insisted, without ever looking or listening, that Pasteur could have no proof for what they labeled "absurd ideas." None are more blind than those who will not see.

The "Immortals" followed a time-honored, traditional method of discrediting medical discovery. They refused to recognize obvious truth, because it stamped them as ignoramuses and fools. It hurt their vanity to be taught by a mere chemist. To recognize him and his work would mean the surrender of their falsely assumed positions as authorities, and possible damage to their practices.

It is gruesome to think of how many lives were needlessly cut short by the ignorance, stupidity, vanity, and greed of the medical "authorities," the "Immortals" of the Academie Francaise. If souls they had, these "Immortals" must be well content with the oblivion into which they have fallen. For their only alternative is to stand enshrined as samples of the blithering idiots who play the game of medical politics and set themselves up as "authorities" and false prophets. They have their counterparts in each generation of medical politicians.

SUPPRESSION OF DISCOVERIES COSTS LIVES

One of the saddest phases of this suppression and persecution of Pasteur and of brilliant and capable scientists of each successive generation, is the damage done to mankind by the injury inflicted on these rare individuals. Their genius, if fostered and left to roam through the fields of science, would save mankind much misery.

Denied recognition and opportunity to do their work, ridiculed, heckled, persecuted, hampered and tormented by the professional rabble, these geniuses wear themselves out by straining at a dual leash—their inner urge, and the obstacles thrown in their path by the mercenary pack of asses and hypocrites that constitute professional authorities.

The world has good reason to be thankful that Pasteur survived these

obstacles and persecutions with merely a wound, partial paralysis. How much greater might have been his attainments and benefactions to mankind if he had been spared the need of conflict with "medical authority," we can only surmise. The ideas of a genius and his discoveries may be suppressed; or they may be stolen by medical and scientific hijackers. But in practice, the world discourages, destroys, and loses the source of this spring of inspired thoughts and ideas. There is no greater enemy of medical science and its advance than the established "authority" supported by organized medicine. This has been true with rare exceptions throughout history.

MEDICINE'S IGNORANCE VS. WISDOM OF TRADITION

In the present century the work of the biologic chemists in the field of food and nutrition was ridiculed by organized medicine. Informed and thinking men who recognized the value of this work and adopted it in the prevention and treatment of human disease, were assailed and labelled faddists and quacks. Such men as Bernarr Macfadden and Alfred W. McCann have done more to introduce a sane mode of eating and living than whole packs of medical "authorities." With sound common-sense they trusted the age-old folklore and tradition of health and medicine, and observation of man, and enunciated truths which were not accepted by pompous and dull-witted "medical science" until it could understand the confirmation of rats and guinea pigs.

In spite of advances made during the past century, medicine and biology have scarcely begun to scratch the surface of their basic sciences. It is upon the foundation of these sciences and upon medical research that medicine's future of service to mankind depends. There are few, if any, of even the commoner ailments of mankind that have been studied more than superficially by modern medical science. "Colds," for instance, are little less a riddle today, than they were to the primitive medicine of Hippocrates and Galen, many centuries ago. The Yogis of ancient India understood them better than do our modern "scientists"; and they taught correctly that proper breathing, "Pramayana" they called the exercises, is essential for good health. So fundamental a matter as the body's use and exchange of water, which constitutes over 80 percent of its substance, barely has been explored.

Many of the things which have been accepted as facts by modern medical science, on further study and deeper knowledge, have proved to be dangerous half-truths, or wholly untrue. And on the other hand, many of the medical ideas and remedies which have evolved through the ages on the basis of clinical observation and judgment have been rejected categorically as "empiric" and valueless by young and arrogant "medical science"; merely to be readopted when this pseudo-science had learned enough to realize its errors and limitations.

Numerous such instances might be quoted. Thus ma-huang, an herb which has been used by the Chinese since time immemorial, was abandoned by modern "scientific" medicine as utterly valueless. Within the past decade, Dr. Chen, a young Chinese pharmacologist, isolated from ma-huang one of our most powerful and valuable drugs, ephedrine. In addition to a number

of other valuable actions, ephedrine is now used to cause constriction of blood vessels and to control hemorrhage.

MEDICINE'S INTOLERANCE

Half a century ago, medical science read with intolerant amusement the list of remedies which Macbeth's witches placed in the cauldron:

> Fillet of a fenny snake,
> In the cauldron boil and bake;
> Eye of newt, and toe of frog,
> Wool of bat, and tongue of dog,
> Adder's fork, and blind-worm's sting,
> Lizard's leg, and howlet's wing,
> For a charm of powerful trouble,
> Like a hell-broth boil and bubble.

Today this passage finds its counterpart in the catalogue of any pharmaceutical house marketing biologic and endocrine products.

These instances might be multiplied indefinitely. But they suffice to show how necessary it is for human welfare that medical research continuously explore new fields of science while not ignoring tradition.

The meaning of the traditional display of ignorance, bigotry, intolerance and stupidity, in opposition to medical discovery becomes more obvious from a study of the real and fictitious discoveries that have been accepted quickly —sometimes too quickly.

"DISCOVERERS" OF LIVER THERAPY IN ANEMIA

The use of liver in the treatment of anemia is an old household remedy that was scorned by "scientific" medicine. A number of inquiring students in the first two decades of this century confirmed the value of the household remedy. Their papers on the subject were barred from effective publication in the widely read medical journals controlled by the A. M. A. Dr. Victor Heiser states in "You're the Doctor," on the authority of the eminent pathologist, Dr. Wm. G. MacCallum:

> ". . . A man named William B. Castle had worked out why people would recover from anemia if they ate liver. But he was too late in publishing the result of his work."

Three medical school professors, Minot, Murphy, and Whipple, whose influence in the circles of organized medicine is indicated by their positions, announced the *"discovery"* of the value of liver in the treatment of anemia. They received a Nobel prize for the *"discovery";* and drug firms coined fortunes from the sale of liver concoctions.

"DISCOVERY" OF PNEUMONIA "CURE"

Medical research institutes became interested in the subject of the treatment of pneumonia about two decades ago. Research workers characteristically remained in the rut of orthodox medical thought regarding infection and immunity. Dr. Cronin has portrayed in "The Citadel" the dangers to which original thought exposes research workers. Diphtheria

antitoxic serum and the immunologic concepts of Ehrlich have established the beaten path for the quest of the means of conquest of infections. Stubbornly and slavishly the workers followed that path in the quest of a serum for the treatment of pneumonia.

It was found at the start that pneumococcus germs could be grouped, on the basis of chemical reactions in the test tube, into four groups or types. These types were later found to owe their individual peculiarities to the overcoat, or capsule, with which Nature provides them. The death-rate of the disease caused by these types of germs varies widely. The highest death-rate is caused by what is known as group three.

Serums were prepared for each of these types of germs by their injection into horses or rabbits. When patients were treated with them, it was found that there was no material difference in the death-rate as compared with the untreated cases.

Though of practically no value in the prevention of death from pneumonia, the serum itself may cause menace to the health and life of the patient, as may any other serum.

The research workers in the field refused to acknowledge the obvious failure of the anti-pneumococcus serums. Their position and influence enabled them to maintain themselves as "authorities" and to force the acceptance of their obviously erroneous views. They created numerous refinements in the typing of germs which progressively increased the number of types from four to over thirty. This enabled them to place the blame for the failure of the serum on the method of typing. The greater number of types made it more readily possible to manipulate the results obtained in such manner as to make the serum appear a bit more successful. But the total death-rate of all types of pneumonia was not materially reduced.

On the basis of this "statistical approach" anti-pneumococcus serum was advertised to both the medical profession and the public as a success. The serum was "accepted" by the Council on Pharmacy and Chemistry of the American Medical Association and gained a place as a supposedly reliable remedy. Censorship of medical news in the lay press by organized medicine and its allies enabled intensive publicity in favor of the serum.

PNEUMONIA SERUM BUSINESS

From the financial viewpoint, anti-pneumococcus serum has been a huge success to its marketers. A highly lucrative business in the sale of the serum has been built up by a number of drug concerns. Among them is Lederle Laboratories which is a subsidiary of American Cyanamid Co. Whether one of the earlier sponsors of the serum, the Rockefeller Institute, has any of the stock of these concerns among its holdings is not known; for the Rockefeller Institute, in sharp contrast with the Rockefeller Foundation, refuses to publish a list of its stock holdings.

Especially good business are the sales of the serums to health departments. Thus New York, following a campaign in the New York Post, appropriated in one year one hundred thousand dollars for the purchase of anti-pneu-

mococcus serum. Presumably, it was intended for distribution to the needy. Lederle Laboratories sold the serum to the City.

Health departments have established special divisions for pneumonia which are charged with the distribution of the serum. The divisions do their utmost to make a statistical and business success of the serum.

There is a surprising uniformity in the price charged for the serum by the various manufacturers. Thanks to this price fixing, it has been estimated that the average cost of serum for the treatment of a case of pneumonia is seventy-two dollars. This cost amounts to almost twice the average cost of medical care per family per year. Obviously, serum is a good business proposition.

A REAL PNEUMONIA REMEDY

In 1937 a group of physicians, among whom was myself, discovered that substances of the sulphanilamide group would cut short an attack of pneumonia. I subsequently discovered that if a proper diet factor, nicotinic acid, is given simultaneously, unbelievable and miraculous cures can be effected. I made the discovery on a seventy-two-year-old patient who was suffering from what appeared to be a hopeless attack of type three pneumonia. The discovery saved his life.

It was this finding that constituted the basis for the development in England of sulfapyridine, the widely advertised "specific" for pneumonia. The use of sulfapyridine, however, is fraught with such dangers as the formation of kidney stones. It is not nearly as satisfactory as my combined use of sulphanilamide and nicotinic acid.

The development of sulphanilamide and sulfapyridine threatened the profits of the manufacturers of the "curative" anti-pneumococcus serum. They actually did accomplish the cures that could not be obtained with the serum.

Lederle Laboratories obtained for a time a monopoly of the public sale of sulfapyridine in the United States. Since the drug costs about seventy-five cents a pound to produce and is sold at the rate of about two hundred dollars a pound, the profits are fairly satisfactory from the viewpoint of the drug industry. Legal barriers of the Pure Food and Drug Act were conveniently let down for this drug in spite of the fact that it presents some menaces to health. Thanks to the influence of the sponsoring financial interests, the drug received free nation-wide publicity and immediately yielded high financial returns.

Lederle's initial monopolistic control of sulfapyridine proved fortunate for the stimulation of continued use of anti-pneumococcus serum. The advertising and literature that has been issued by the firm creates the impression that the serum is essential for the life-saving action of sulfapyridine. The lucrative serum business still thrives. Within one year the Lederle Laboratories quadrupled the size of its plant. Now that the serum business is threatened by public realization of its lack of value, it is reported that Lederle is considering the conversion of its plant to the manufacture of explosives.

PROFITS OF MEDICAL RESEARCH AND THE A. M. A.

These instances prove how well 'Doc" Simmons and his gang have used their control of the A. M. A. to make of medical research a lucrative, subsidiary, commercial racket. In this activity they have had two important allies, drug manufacturers and research foundations.

The interest of the drug manufacturers in medical research is obvious. They seek to increase profits by new discoveries or their suppression. Patents and the commercial value of medical research explain why in the past several decades medicine's greatest advances have been in the field of chemistry and endocrinology. The profits made on the newer chemical and glandular preparations are unbelievably large. Thus synthetic male sex hormone costs a few dollars a pound to produce and sells by "international agreement," which means at the behest of the German Dye Trust, at fifty thousand dollars a pound. Synthetic thyroxine, an active principle of the thyroid gland, costs even less to manufacture and sells at the rate of thirty-five thousand dollars a pound.

The A. M. A. has helped materially in increasing drug profits through its "acceptance," or testimonial, and its advertising rackets. This is well illustrated by the case of thyroxine.

Thyroxine was originally isolated from the gland substance by Dr. Kendall, a member of the Council on Pharmacy and Chemistry. The patents were purchased by Squibb & Company. Biologically derived thyroxine sold at the price of thirty-five thousand dollars a pound. Professor Harrington, of the University of London, first determined the correct formula of thyroxine and succeeded in preparing it synthetically and patented the method. Thyroxine, synthetically prepared, costs about ten dollars a pound to manufacture.

False attacks branding the synthetic product as worthless were published in journals controlled by the A. M. A. The Council on Pharmacy and Chemistry held up the "acceptance" of synthetic thyroxine.

The patents were sold to a firm which agreed to maintain the price of the product at the same level as the biologic product, and to supply it to houses which marketed the biologic product exclusively. Synthetic thyroxine then was "accepted."

New discoveries enable the preparation of thyroxine still less expensively from cheese and iodine. The patents are controlled by the German Dye Trust and the price of the product is maintained at the same level as the costly biologic product.

COMMERCIAL INFLUENCES IN RESEARCH

Quite as important as increasing profits, for drug manufacturers, is avoidance of loss or elimination of competition. For this purpose medical research or its publication often must be suppressed. The censorship of medical news in the press, that has been jointly established by organized medicine and social service, is quite effective in suppressing the work of the independent research worker; and the subsidized worker is readily held in check when his results conflict with commercial interests.

In studies on the influence of proteins on growth, Dr. E. V. McCollum, in his "Newer Knowledge of Nutrition," stated that grain proteins are superior to milk. Dr. McCollum was then made a highly paid research consultant of the National Dairy Products. In 1914, in the *Journal of Biological Chemistry,* he reversed himself and stated that the proteins of grains were inferior to milk. In 1919, their inferiority had dropped to one-third or one-half that of milk and eggs. And in 1921, he reported protein of milk distinctly superior to that of grains.

The distinguished pharmacologist, Professor John J. Abel, of Johns Hopkins University, delivered before the American Association for the Advancement of Science, in December, 1933, a presidential address on the subject of poisons. He alluded to the poisonous effects of an excess of Vitamin D, in pre-presentation releases of his speech to the press. For some reason he found it advisable not to include that passage in his address when delivered. With the isolated exception of the dispatches of Mr. G. B. Lal, of the Universal Service, the passage was omitted from all reports of the speech.

What may be the possible reasons can be inferred from a consideration of the matter. The Steenbock patents for the preparation of Vitamin D constitute the basis of a large and profitable pharmaceutical business which yields a revenue to the University of Wisconsin. Under other patents for enriching bread with vitamin D, held by a baking concern, Columbia University receives an income.

Vitamin D may cause damage to the brain and idiocy in the infant by premature ossification of the sutures of the skull; or by ossification of the kidneys cause death. In the adult, when continually ingested in even moderate doses, it may cause arteriosclerosis and chronic catarrhal affections.

Those papers which published the reports of Professor Abel's unread statements on the dangers of vitamin D, received protesting letters from the company marketing vitamin D bread. These letters protested against the damage done them by the publication of the truth regarding the dangers of an excessive intake of vitamin D. The bakery letter was accompanied by an ambiguous and evasive letter by Dr. E. V. McCollum, professor at Johns Hopkins University, who is now employed by various concerns engaged in the marketing of food.

RESEARCH ACTIVITIES OF ROCKEFELLER INSTITUTE

The commercial interests and alliances of research institutions are less obvious but are quite as real as those of the drug manufacturers, when they are not identical. The establishment of the Rockefeller Institute marked the firm saddling of big business and its methods on medical research. From the start an alliance was formed with the American Medical Association.

An amusing story is told concerning the establishment of the Institute. The exposé of the methods which signalized the development of the Standard Oil fortunes, at the turn of this century, had made life dangerous and intolerable for John D. Rockefeller and his family, and had made of his name an anathema. John D. decided that something must be done to make himself more palatable to the public.

At this juncture, Fred T. Gates entered as almoner and publicity agent, to gild and varnish the name of Rockefeller. He was told, according to reports, that any sums expended in the process must bring financial returns equal to those which would be earned by the same sums invested in oil enterprises. John D. was in a position to know that it could be done in the medical business. His father, "Doc" William A. Rockefeller, had earned a living with his petroleum oil, quack, patent cancer cures and medicine shows.

Aside from the political and diplomatic advantages derived by the Rockefeller interests from the Institute, that have been recounted, it is obvious that they receive more direct and tangible returns from it. The Institute denies that it receives any royalties from the medical discoveries, drugs and processes that are patented by it. But that does not mean that it does not receive payment in stock of the licensed companies and dividends from such stock. Though the Rockefeller Foundation publishes a full report on its holdings, the Institute refuses to make its holdings public.

At any rate the Standard Oil interests and the Institute derive revenues from holdings of chemical and dye stocks. This includes holdings in the German dye trust, the I. G. Farbenindustrie and others, that interlock with the entire meshwork of chemical industries. The Rockefeller interests were represented by Walter C. Teagle, of the Standard Oil of New Jersey, on the board of directors of the American I. G. which interlocks ownership with many of the leading "American" drug companies.

ANTI-VENEREAL DRUG AND BLINDNESS

An interesting drug from the viewpoint of the present anti-venereal campaign is tryparsamide. According to the legend appearing on the packages, it is "manufactured by Merck & Co., Inc., . . . under license of the Rockefeller Institute For Medical Research." Tryparsamide is a dangerous arsenical product, the use of which had been abandoned by Paul Ehrlich, its discoverer, many years ago because it so frequently causes hopeless blindness by optic nerve atrophy. In spite of its dangerous character it is being extensively used in the current anti-syphilis campaign, though it possesses no proved advantage over many safer arsenical preparations. Eye specialists are employed in the venereal clinics to watch for signs of blindness in patients being treated with tryparsamide.

JEALOUS INTRIGUE OF MEDICAL RESEARCH

Some perspective of the situation in medical research can be gained from a report prepared by Dr. S. S. Goldwater on the subject of the All-Union Institute of Experimental Medicine at Leningrad (published in *Science,* Vol. 79, p. 206.)

> "Bureaucratic dangers are encountered in every large organization, and it requires the utmost vigilance to avert them. I have no doubt that at the institute at Leningrad, precautions will be taken to prevent the blighting influence of too rigid control of the younger workers by leaders, however eminent, whose interests are fixed upon untimely or passing

phases of science. I could point to scientific centers in other countries, where there has grown up among those occupying ranking positions an unfortunate sense of self-satisfaction, an inclination to continue in well-worn grooves and a disposition to look with suspicion upon resourceful thinkers and workers, who, for personal, social, or political reasons have not commended themselves to those in charge as congenial co-workers. No one knows what science and humanity have lost through the failure of the civilized countries of the world to provide adequate opportunities for all their budding geniuses."

Dr. Goldwater's report depicts mildly the havoc that has been wrought in medical science by the research racket. Sinclair Lewis's "Arrowsmith" depicts the rare exception of the medical research worker who succeeds in overcoming the obstacles placed in his way by the racket.

The capable and fertile research worker in medicine, as in other fields, is the exception and a relative rarity. He differs from the average run of graduates in medicine in that he possesses a knowledge of the subject deep and wide enough to realize its limitations, has energy and ambition enough to attempt to override those limitations, and possesses an imagination vivid enough to discern the means and methods of so doing. Thus he is by nature a rebel against accepted medical thought, which of necessity implies a conflict with established medical authority.

As if this were not sufficient handicap for the ambitious medical research worker, many other medical and social service, political obstacles are placed in his way today. It has been related how research and discovery, honest or faked, has come to be regarded as having direct or indirect commercial, advertising and publicity value, and as such it is jealously coveted by the political bosses of medicine for themselves, and equally fiercely resented and disparaged in others.

This situation was aptly described by Dr. Ellice McDonald, director of the Biochemical Foundation, in a paper read before the Franklin Institute on December 12, 1936.

> "I have found," he stated, "that the University men who made up the workers (of university research laboratories) were very jealous of their plans and results, as they considered their advancement in the university to be dependent upon their reputation as gained by publication, and *their results were their stock in trade.* The jealousies and antagonism of the cancer research workers in this country have delayed the cure of cancer many years."

This last idea of antagonism was more clearly expressed by William M. Malisoff, Editor of *Philosophy of Science,* in a letter to the New York *Times.* He wrote:

> "How can we leave the struggle (of medical research) to scattered individuals and small ill-supported groups *who just plainly hate one another!*"

But the solution which he offered was quite absurd and would merely aggravate the condition. Instead of suggesting some method of creating com-

plete freedom of research Malisoff revealed his totalitarian bent by advocating the destruction of freedom and the substitution of Committee control that accentuates all the evils of the present methods. The belief that some folks have in the possibility of changing human nature merely by changing the name of the form of government to "Socialism" is extremely naive.

There is reason for belief that the bitter partisanship of the football rivalries may sometimes enter into the scientific antagonisms of university groups. Thus the work of Wever and Bray, of Princeton, on the transmission of sound by the auditory nerve of cats was attacked and unjustly undermined for a while by the attacks of Davis and Lurie, of Harvard, at the time that football relations between the two universities were severed. At about the same time the splendid work of Swingle, of Princeton, was unjustly attacked and discredited, thus robbing him of the honors due him.

REGIMENTATION OF RESEARCH

Regimentation of research by the organization of "research committees" has been suggested as a remedy for the situation. It is especially favored by radicals, totalitarians, and by social service allies. Prominent among its advocates are the American Association of Science Writers and Waldemar Kaempffert of the New York *Times*.

Kaempffert would have us believe with Professor Alfred Kroeber: "The genius simply realizes the aspirations of society." He gives in evidence the statement of Professor William F. Ogburn that "145 major scientific discoveries and inventions were made simultaneously and independently by two or more men." For the totalitarian radical this justifies regimentation and destruction of individual freedom.

Unfortunately these ideas are belied by experience. There has been surprisingly little "simultaneous discovery" among institutions and committees in spite of the "aspirations of society," unless one gives that name to theft of ideas and discoveries, or commonplace scientific hijacking.

THE SUPPRESSION OF RESEARCH AND DISCOVERY

Now, research committees, which are generally dominated by the A. M. A. and the social service rackets, are extremely effective devices for the suppression or theft of ideas and discoveries. They usurp and monopolize research funds from all sources, research facilities, laboratories, hospitals, clinics, and publication media. They also engineer censorship of the press in their respective fields, force their acceptance as ultimate authorities, set themselves up as dictators of "accepted practice" which has the cogent force of legal status, and advertise and publicize themselves and their practices.

They are the Grand Inquisitors of Medical Science. They are in excellent position to protect their commercial interests and to destroy "interloping" medical discoverers who might arise to offer challenge to their assumed omniscience and authority. The members of the committees generally earn large incomes by doing the scientific chores of allied commercial interests.

The committees are ideally adapted to protect the established medico-

political order and to bar any threat of upset by independent medical discoverers. By virtue of their position as "authorities," the public and the press accept their verdicts. They can affirm or discredit any new discoveries; and from their verdict there is no recourse. They may suppress the announcement of discoveries and subsequently steal them and publish them in the name of the committee or of its members. A case of this type already has been cited. Few physicians would dare challenge such thefts, even though they might be subject to proof. This is the significance of Dr. MacCallum's statement on the subject that is quoted by Dr. Heiser:

> "He said that it had struck him while going through medical literature how sad it was that one never heard of the people who did the real work (of research and discovery) on many diseases."

This has been brought about deliberately by medical merchants and their organizations.

Little hesitancy is shown by these groups, often, in the use of the foulest tactics for destroying discoverers and discoveries which threaten injury to their interests or purses. Libel and slander are systematically used in these campaigns of vilification. They are waged by word of mouth, by telephone, by radio, in interviews, and by syndicated columns—in the medical, scientific, and lay press.

Examples of such committees are as numerous as are the special phases of medicine. The American Otologic Society, for instance, monopolizes the funds and facilities for research in deafness. The millions of dollars which it has collected from the public have been frittered away in building up a political machine in the specialty, in drawing up a worthless and politically censored bibliography of deafness and in commercial exploitation of deafness. But nothing has been done for the relief of the deaf.

"COMMITTEE RESEARCH" IN OTOLOGY

In the field of otology and of the ear," committee research" is an old and well established practise. How such research operates is illustrated by the manner in which the "accepted" views regarding the transmission of sound into the ear were established. For over a half century, an active scientific controversy raged between two schools of thought and groups of scientists. One group was led by Professor Helmholtz and Professor Pollitzer, the former the most eminent physicist of his day, and the latter, father of modern otology. This group believed and attempted to prove by experiments, now realized to be crude in the extreme, that sound is transmitted into the inner ear by the tiny bones of the ear only. This view is obviously wrong; because sound is transmitted to the ear even when those bones are destroyed or missing. The other group with less distinguished leaders adduced considerable proof that sound was transmitted to the ear through other channels.

The controversy had become quite acrimonious. Scientific evidence proved neither view conclusively to the satisfaction of the other group, however obvious the case might be that the ossicles were not essential for transmission of sound into the ear. Professor Pollitzer and a committee of his supporters decided to force the issue. At a congress of otologists in Berlin in the early

90's, they made the theory a political issue and put it to a vote. Professor Pollitzer and his committee won because of their political influence and the support of Helmholtz. Until the present day, every text book carries the false statement that the tiny bones of the middle ear are essential for the transmission of sound to the inner ear and for hearing; in spite of the fact that millions of humans, who hear without those bones, prove the contrary. Few ear specialists or scientists engaged in the study of the ear dare question this dogma or gospel of otology. Those who do are rapidly squelched.

AMERICAN OTOLOGIC SOCIETY

The same spirit prevails today in the American Otological Society. The Society has raised funds by public subscription for otologic research but operates as a private and exclusive club for a clique of otologic bosses. It serves primarily to aggrandize them and to boost their businesses. Thus when it began its campaign to raise funds, Dr. Arthur Duel, boss of the Society, announced in a publicity release in the New York *World* on June 9, 1929, that he was "considered the greatest ear specialist in the world."

Though the Society itself has done little to further the knowledge of deafness, it does attempt to suppress discovery and maintain dogma dictated by it. This is illustrated by an experience of mine. In 1934 I reported in *Science* an interesting improvement in hearing observed in a series of cases of progressive deafness in which air had been injected into the spine for purposes of diagnosis. I offered the hypothesis that possibly these cases presented adhesions of the meningeal membranes and localized accumulations of fluid in the brain cisterns which exerted pressure on the auditory nerve tracts; and that these were released by the air pressure.

Shortly after this publication I received the following note from Dr. Edmund Prince Fowler, officer of the American Otological Society, chief in otology at the Manhattan Eye and Ear Hospital, and consultant in otology to the American Telephone and Telegraph Company:

> Dear Dr. Josephson:
>
> I saw a quotation from *Science* about otosclerosis from meningeal adhesions, cysts, etc. I have *autopsy slides* of many cases of otosclerosis and no indications such as you mention.. It might be well to write *Science* correcting the impression made by the quotation in question.
>
> Edmund Prince Fowler.

ASSUMPTION OF OMNISCIENCE

This letter demonstrates the spirit of authoritarianism and the assumption of omniscience which is as usual as it is unwarranted. It would be absurd to expect that microscopic slides would show up massive accumulations of fluid in the meningeal cisterns which are destroyed in the process of securing the pathologic specimens. I replied as follows:

> Dear Dr. Fowler:
>
> I am a bit puzzled by your discussion of the news reports of my preliminary note published in a recent issue of *Science*. . . . You state that on the basis of your autopsy slides you have failed to note any cases of

meningeal adhesions and cysts in *otosclerosis,* and consequently doubt my findings in *progressive deafness* and . . . *"so-called otosclerosis."* It is an interesting fact that a number of the cases which constituted the basis of this study were diagnosed as "otosclerosis" by eminent colleagues and given a hopeless prognosis. If my memory serves me correctly, one of them was a case which you yourself so diagnosed and prognosed. . . .

If your statement is to be interpreted to mean that meningeal adhesions do not occur in deafness, because you have not found them in "otosclerosis," it contradicts the fact that we all know that deafness occurs in meningitis and that meningeal adhesions are often found in meningitis. . . .

If your statement is to be interpreted as signifying that no adhesions were found in cases which you diagnosed as "otosclerosis" and autopsied, it is a bit more understandable. What puzzles me is what criteria of diagnosis you use clinically to differentiate the cases of progressive deafness which on autopsy you found presented the pathologic picture for which alone I am inclined to reserve the diagnosis otosclerosis. Also I am puzzled to understand how you explain away the finding of otosclerosis in cases which present no deafness.

Possibly presentation of the data, before one of our specialty organizations would be in order. But unfortunately those organizations are such rackets and monopolies that it is generally impossible for those not in the inner ring to get an opportunity to present significant discoveries.

E. M. Josephson.

Confirmation of the validity of my hypothesis has been offered by the discovery of similar conditions about the optic nerve causing cases of blindness that recover vision on release of the adhesions and re-establishment of free flow of the fluid. The American Otological Society does not encourage research work except in directions outlined by the committees of the Society for which the membership can claim full credit. All other work is disregarded or discredited, when possible, in the interest of preserving the prestige of the members of the Society. The research fund has done much, however, to create hereditary dynasties in otology and to subsidize the advancement of sons of the Society's bosses. But it has materially retarded the advance of otology.

The same is true of the National Cancer Committee and its subsidiaries. They have engineered, with the aid of the American Science Writers' Association, the official sanction and support of their activities by having Congress establish the National Advisory Cancer Council and the National Cancer Institute under their control.

FURTHER EXPERIENCES IN MEDICAL RESEARCH

I can most clearly illustrate the activities of the research committee, or cliques, and the perfection of organization introduced by Simmons and his successor, by citing my own experiences. These have taught me that the cliques cannot think of medicine except in terms of personal profit; also that the more closely the individual "leader" is identified with social service activities, the more mercenary are his motives.

For medical research and discovery I found that I had a natural aptitude. As a result, in a career of over two decades I have made one hundred and eighteen discoveries. The first, made while still a medical student, was a simple and obvious method of diagnosing malignancy of cancer from tissue sections. It was published in the *Medical Record* in 1917. Credit and acclaim for this discovery has gone to one of the shining lights of a committee on cancer.

This initial work was followed by publication of an accidentally discovered method of causing a flare-up of latent leprosy that enabled its recognition. There then followed in rapid succession a series of discoveries in connection with the eyes, ears, nose, and throat. These researches were done at my own expense and were published in medical journals in all parts of the world, including the journals published by the American Medical Association, of which I had become a member. The discoveries gained for me recognition as a scientist and fellowship in national specialty and scientific societies. My work was listed in the fifth edition of the American Men of Science.

A CRUSADER RESIGNS FROM THE A. M. A.

During my membership in the American Medical Association, I consistently attacked corrupt medical politics. I became one of the original advocates of the idea of group medical care at a fixed annual fee, and organized a sizeable group of physicians for that purpose. My articles on the topic of medical organization were widely published, many in the columns of the Medical Week, the official magazine of the New York County Medical Society. In an article in *Liberty* magazine of April 5, 1930, entitled "Doctors and Their Ethics," Grace Robinson quoted extensively from my articles that had been published in medical channels on the subject of medical corruption. This brought down on me an editorial attack by Fishbein in the Journal of the American Medical Association which libelously asserted that I was "the would-be leader of the Bolshevik movement in American medicine."

In 1931, I vigorously attacked the sale of the worthless and dangerous infantile paralysis "convalescent serum" and compelled its abandonment after it had caused many deaths. Indignant at the failure of the Association to act to protect the public from it, I resigned in December 1931.

OSTRACISM, LIBEL AND SUPPRESSION FOLLOW

Shortly after my resignation, the publications controlled by the A. M. A. and its subsidiaries were closed to me. My letters on medical politics were flatly rejected by the editor of the Medical Week, the local county medical publication. I and my scientific work were calumnied and slandered both to the profession and to the public. No effort was spared to damage my professional and scientific reputation. This has resulted, unfortunately, in more serious injury to the public than to myself, as I will make clear.

In 1933, I brought to light the widespread prevalence of impairment of vision due to malnutrition, especially to deficiency of vitamin A. This condition was then supposed to be non-existent in the United States. My report entitled "Effects of Depression on the Vision of Children" was the first intimation of its prevalence published in this country. It would have

been possible for me to secure aid for these children in the form of an adequate diet, if the representatives of the New York Academy of Medicine and of social service agencies engaged in eye work, Drs. Conrad Berens, Le Grand Hardy and Daniel Kirby, had not withheld their confirmation and approval. Three years later my findings had been repeatedly confirmed. The damage had been done and the situation had greatly improved, thanks to rising employment. Only then did the social service clique first voice cognizance of the problems of nutrition that had become a mere academic question.

At this time there appeared the textbook "Diseases of the Eye" edited by Conrad Berens and written by "eighty-two international authorities." In this book a few lines sufficed to relate all that these "authorities" had to tell about the already large science of the influence of diet on the eyes and vision.

GLAUCOMA BECOMES A POLITICAL FOOTBALL

About that time I discovered the cause and remedy of primary glaucoma, one of the most frequent causes of hopeless blinding of adults. The method of treatment is medical, with cortin, the hormone of the adrenal cortex gland. It eliminates largely the blinding glaucoma operations from which many of the leaders of ophthalmology derive a large part of their incomes. They therefore undertook to suppress my sight-saving discovery.

An article on the glaucoma discovery submitted to the *Journal of the A. M. A.* was rejected. When I published an announcement of the discovery in the magazine *Science,* it was widely publicized in the daily press throughout the country and came to the attention of thousands of sufferers who might have benefited from the treatment. They rushed to their physicians who knew nothing about it because it had been suppressed in their medical journals. To protect their reputations they condemned as worthless the method concerning which they knew absolutely nothing. In their denials was mixed the element of revenge for the humiliation which they suffered due to their ignorance of the method. That was the result of suppression of publication of my work in medical channels.

Illustrative of the profound ignorance of a supposed authority on the subject was a letter written by Professor H. Maxwell Langdon, professor of ophthalmology at the Graduate School of Medicine of the University of Pennsylvania. He protested in the letter column of *Time* magazine of July 12, 1935, that "the effect of cortin as distinguished from adrenalin is not yet known"; though it had been common knowledge for almost a decade that their actions and properties are entirely different. On such false ground, he protested the publication of the discovery.

The A. M. A. machinery for discrediting medical discoveries that damage the purses of its overlords and elude its press censorship, promptly went into operation. In a syndicated column that he writes for the N. E. A. and the Scripps Howard newspapers, Dr. Morris Fishbein attacked my glaucoma discovery and alleged that

> "the observer in question had little real evidence to support his contention and . . . No one has been able to confirm his views."

This statement of Fishbein's was as devoid of truth as are many of his other "authoritative" comments. There appeared shortly thereafter my book entitled "Glaucoma and Its Medical Treatment with Cortin," which was based on the successful treatment of several hundred cases of glaucoma, the largest number ever covered by a single report up to that time. Also, a brilliant confirmation of my work had been published by a prominent Western ophthalmologist in the California and Western Medical Journal. It brought down on him a warning to refrain from further confirmation of the discovery.

"AUTHORITIES" TO THE ATTACK

In October 1935 I was informed by a friendly colleague at the Cleveland Convention of the American Academy of Ophthalmology and Otolaryngology, that there was a plan afoot among the overlords of the specialty to discredit my glaucoma work, without regard to facts, because of the threat it offered to their incomes from glaucoma operations.

Soon afterward, Professor Harry S. Gradle, a member of the political coterie which dominates the eye section of the American Medical Association, forwarded for publication in *Science* an attack on my work. It was palpably false, for the professor had not even taken the trouble to find out what is my method of treatment. The editor of *Science,* Dr. J. McKeen Cattell, gave me an opportunity to reply to the attack in the same issue. In the reply I proved by the contents of Dr. Gradle's letter that the attack was false. On reading the reply, the professor wired a retraction of his attack withdrawing it from publication.

PROFESSOR WOODS STRETCHES A FEW POINTS

One month later, as a part of a concerted plan, there appeared in the *Archives of Ophthalmology,* which is the specialty journal published by the American Medical Association, a nasty, libelous attack on my glaucoma work and a personal attack on me by Professor Alan C. Woods, of Johns Hopkins Medical School. Professor Woods had not taken the trouble to find out what is my method of treatment before attacking it. He treated a few cases for a period of several days by a method which he assumed was mine. But it happened to be the very method which I condemn.

The professor accidentally approximated the correct method of therapy for brief periods during the treatment of his cases. During these periods he obtained brilliant, transient results which fully confirmed my own. These he overlooked, and proceeded to operate some of the cases which had given promising response. On the basis of his misapplication of the treatment the professor condemned my method as worthless and my reports as false.

BUT CONFESSES IGNORANCE

In his attack Professor Woods derided the work of Professor Swingle and Dr. Pfiffner of Princeton University on the mechanism of action of the adrenal cortex hormone, which recently has been completely confirmed. He also attacked as of questionable potency the preparation of the hormone which is marketed under the Swingle-Pfiffner patent by Parke Davis and Company,

which was one of the preparations which I had effectively used. He concluded his comments on my work with the statement

"Dr. Josephson's further remarks on the relationship of the development of sex to the salt-water metabolism and to glaucoma and myopia lead us into the realms of endocrine mythology *where I confess myself unable to follow.*"

On the basis of his confessed ignorance, Professor Woods derided my views as mythologic. Fortunately a number of research workers, including a fellow professor at Johns Hopkins Medical School, George A. Harrop, have once again proved that not all is mythologic that appears so to the less enlightened and intelligent. They have adduced evidence verifying my hypothesis on the relation of salt exchange to the sex hormones.

Dr. Woods has never had the courage, the honesty or the decency to retract the false, mean and libelous attack on me and my work. I protested to President Isaiah Bowman and the Board of Trustees of John Hopkins University this perversion of academic prestige and power, but to no avail. The situation portrays the "principles" which guide modern medical education and research and the depths of degradation to which it has fallen.

I promptly called the obvious errors to Professor Woods' attention. In his reply he tacitly acknowledged his misrepresentations regarding my method, but lamely defended his position. He agreed to request the editor of the *Archives* and its publishers, the A. M. A., to permit me to reply and correct the false impressions that had been created. I forwarded a reply and correction to the *Archives;* but its editor, Dr. Arnold Knapp, flatly refused to publish it.

DR. KNAPP GETS A CASE OF CONSCIENCE

Several months later, I was called to the Knapp Memorial Hospital to treat for Dr. Arnold Knapp a glaucoma patient, M. S., a Brooklyn furrier. Initially suffering from a mild case of glaucoma, he had been operated upon by Dr. Knapp five times in two months. The end result was loss of useful vision and a hopeless glaucoma that had been aggravated by the injury of the operations. I was called in consultation indirectly through a co-worker of Dr. Knapp's, Dr. Mark Schoenberg.

As a sequel to this incident, Dr. Knapp, in his capacity of editor of the *Archives of Ophthalmology,* invited me to submit a reply to Dr. Woods' article. This he accepted after demanding revision and elimination of the most damaging parts. Several months later, Dr. Morris Fishbein, in the capacity of managing editor of the A. M. A., overrode the editor of the *Archives* and barred the publication of my accepted reply.

FISHBEIN CLIQUE BARS CORRECTION OF FALSE REPORT

This episode means that Fishbein and his clique are able to misrepresent to the profession an important discovery, to keep the profession in ignorance of the facts, and to deny the victims of glaucoma a means of averting almost certain blindness. So thorough is the political organization of the profession, that with rare exception, no one would dare to use the method openly or to announce good results obtained; for the clique controls

the hospitals and does not hesitate to oust and, if possible, to ruin any physician who fails to do its bidding.

The hostility of Fishbein and his clique toward me was accentuated, undoubtedly, by a publication made by Dr. George Cameron and myself before the Eugenic Research Association in June 1936, of the results of our studies on congenital effects of the dangerously poisonous dinitrophenol. It has been related how Fishbein and the A. M. A. had actively sponsored it as a "harmless" reducing drug. A resolution introduced by me, that called on the Federal Government to ban the sale of the poison, was defeated by the activities of representatives of the A. M. A. The presentation of scientific papers by members was eliminated, later, in a "reorganization" of this society. Dr. Conrad Berens, an A. M. A. henchman, alone represents the eye specialty on its board.

PROFESSOR MURLIN ATTACKS

The hostility broke out into open warfare at the June 1936 meeting of the American Association for the Advancement of Science at Rochester. The Association was then still a true scientific forum where science, and not political intrigue, counted. It had not yet come under the control of the Fishbein clique. As a Fellow of the Association, I presented the results of my method in a series of several hundred cases and replied to Dr. Woods' attack.

Professor J. R. Murlin of the University of Rochester, a henchman of the A. M. A., took the floor at the end of the lecture. He pleaded not for science and the conquest of truth, but like any politician, for party regularity. He attacked me bitterly for replying to Dr. Woods, pleading his absence as a defense though the doctor had chosen to be absent with full knowledge that my paper was a reply to him. The antagonism of the A. M. A. clique was intensified because the New York *Times* published in full my damaging statistics on the results of glaucoma operations, the first ever compiled.

"SCIENCE" ACQUIRES A CENSOR

Infuriated by this breakdown of their censorship and their failure to suppress the publications of my discoveries, the A. M. A. clique immediately set about perfecting their machinery for the suppression of science. They demanded and secured from the A. A. A. S. an absolute censorship of all papers touching on medical topics in *Science,* the official publication of the Association; and I was notified that all contributions from me would be barred. They also took over control of the programs of the medical section at the semi-annual meetings of the Association; and converted it from an open forum for the announcement of medical discovery into an advertising campaign for their old war-horses. Thereafter the medical section programs consisted of "symposiums," a high-sounding title for rehashing of ancient textbook lore.

To perfect the mechanism for suppression of medical science in the American Association for the Advancement of Science, the A. M. A. gang placed Dr. Harry S. Gradle, who has already been mentioned, in the position

of representative for the eye specialty. Dr. McKeen Cattell, professor of physiology at Cornell University and son of the editor, and himself co-editor of Science, was drafted into membership in the New York County Medical Society and the A. M. A. Thus the A. A. A. S. became prostituted to the racketeering and politics of the A. M. A.

Drug houses were barred from continuing any mention in their literature of my glaucoma therapy or the results obtained with it. The A. M. A. denounced to the public as worthless all the adrenal cortex gland preparations marketed by reputable drug firms which I used in my work, in letters addressed to the inquiring public, in the following manner:

> ". . . The present evidence indicates that none of the commercial preparations of adrenal cortex extract contain appreciable amounts of the essential life-sustaining principle of the gland. All of them contain epinephrine, choline, histamine, and protein in greater or less amounts as contaminants. . . ."
>
> "Yours sincerely,
>
> "Paul Nicholas Leech, *Secretary*
>
> "Council on Pharmacy and Chemistry"

My name was removed from listing in the sixth edition of the American Men of Science, the directory published by the A. A. A. S. I was banned from publication or from presentation of my work in any channel controlled by the A. M. A. or by the A. A. A. S.

ADVERTISING CENSORSHIP AND SUPPRESSION OF THOUGHT

In the hope that some folks might thereby be saved from blindness, I wrote a book presenting the details of my method of treatment of glaucoma and the results which I had obtained entitled "Glaucoma and its Medical-Treatment With Cortin."

In the interim the A. M. A. had set up, with the aid of publishers, a censorship of science and medicine that bars the presentation in book form, of work which they wish to suppress. Book publishers submit to the censorship of the A. M. A. and its satellites and subsidiaries.

I published the book at my own expense. Newspapers that are supposedly reputable, such as the New York *Times* and the *Journal American,* and magazines, such as *Time* and *Science,* refused to accept advertisements of the book because the A. M. A. objected. This made me feel that it was a silly bit of idealism and humanitarianism that impelled me to seek to make the victims a gift of my discovery. It would have yielded me greater profits to keep my secrets and exploit them.

An advertisement of the book submitted to the New York *Journal American* brought the following reply:

October 4, 1938

Dear Dr. Josephson:

Supplementing our telephone conversation we wish to advise you that

your advertisement is being withheld by our Board of Censors, pending reply from the Medical Society of the County of New York.

Very truly yours,

I. HUNTER

In reply I asked whether the County Medical Society had approved the advertisement carried by the paper of Dr. Prager's cure for deafness; and the advertisement of Carter's Liver Pills. By inference, the reply was in the affirmative.

Thus have the A. M. A. and its subsidiaries secured the full cooperation of the press in furthering their rackets and suppressing medical discovery. Freedom of thought, speech and publication, and other constitutional rights, are destroyed in medicine by the rackets built up by Simmons, his successor and their allies.

SUB-ROSA CONFIRMATION

In the course of this scientific gang warfare, two honest reports emerged to confirm my work. These offer proof that there are a few men of honor and spirit in the profession who refuse to be intimidated by the gang or to toady to it.

Professor Swingle of Princeton University is one such character. His brilliant and fundamental work on the adrenal cortex hormone is basic. He announced at a meeting of the Biologic Section of the New York Academy of Science in 1938, that my cortin treatment of glaucoma had been confirmed fully by a collaborator of his, a member of the staff of the Eye Institute of the Columbia-Presbyterian Medical Center. But the publication of this confirmatory work, the professor stated, was barred by medico-political powers.

A third confirmatory report by Dr. S. L. Haseltine, of Elizabeth, New Jersey, was read by him at the annual meeting of his state medical society which is one of the few that is courageous and independent enough to denounce the corruption of its parent organization, the A. M. A. This report of Dr. Haseltine's also gained publication in the December 1937 issue of the Journal of the Society.

In the article Dr. Haseltine confirmed my discovery of the value of adrenal cortex in the treatment of both glaucoma and near-sightedness. Since the treatment of near-sightedness does not interfere with any "accepted" surgical procedure, as does the treatment of glaucoma, Dr. A. V. Prangen of the Mayo Clinic was permitted to mention it in an article in the December 1939 issue of the *Archives of Ophtalmology*, entitled "The Myopia Problem." In it, however, the discovery is accredited to Dr. Haseltine and no mention is made of my name which is tabooed by the A. M. A.

My work on glaucoma and the incidental work on the prevention and control of near-sightedness gained international recognition when I was invited to read papers on the subjects before the International Congress of Ophthalmology at Cairo, Egypt, in December 1937. An effort was made to suppress this presentation by the same group that has suppressed its complete publication in the U. S. to this date. They were compelled to content

themselves with inducing the officials of the Gizeh Memorial Ophthalmic Hospital to repeat the absurd errors of Professor Alan C. Woods and to publish an identically false report in the 1937 official records of the Egyptian Government.

As matters now stand, my method of prevention of blindness due to glaucoma is classified falsely as discredited. It has been placed on the A. M. A. and the ophthalmologic gang's "Index Expurgatorius." And rare indeed is the physician who would dare to "sin" by trying to read about the treatment or investigate it. The day still is saved for the operating merchants-in-ophthalmology, vendors of blindness-by-operation, and for their purses.

STATISTICS TO THE RESCUE

To uphold the reputed value of glaucoma operations, statistical manipulations were necessary. In my volume, "Glaucoma and Its Medical Treatment with Cortin," and in my paper read at Rochester I presented the first published results of operations on glaucoma victims by some of the leading surgeons in the country. The figures showed that fifty percent of the cases were blind after the first operation, eighty percent after the second, and all after the third. Removal of the eye after operation was necessary in over six percent of the cases. Vision was impaired and useful vision lost in the great majority of cases. My work showed that this wholesale blinding of victims of glaucoma by operation could be averted by medical treatment.

The authenticity of the report was emphasized by the fact that the name of the surgeon who operated on each case was published in the report.

The damage done by the compiling of the true data regarding the results of glaucoma operations was accentuated by their publication in the New York *Times* after I had presented them before the Medical Section of the A. A. A. S. in 1936. This was B.C.—Before the Censorship of the press by the A. M. A. which was imposed directly thereafter, to avert any repetition of damage to the surgical business.

A study of the results of glaucoma operations was instituted as a "survey project" by Drs. Louis Lehrfield and Jacob Reber of the Wills Hospital, Philadelphia. It was published, in the November, 1937, issue of the Archives of Ophthalmology. This study showed results little differing from those published by me, though they were interpreted, as might be expected, in favor of operations.

Such a conclusion was permitted by the fact that the survey of this eye condition interested itself in everything except how much vision was left to the patient after operation. All pertinent data with regard to vision were omitted in the publication. Believing this to be an oversight, I wrote to the authors requesting information with regard to the visual results of the operations, and received no reply. The omission was not accidental.

DISCOVERIES IN PREVENTION OF BLINDNESS

Continued research enabled me to discover methods of checking the advance of near-sightedness, or of preventing its development. Shortly after that, I stumbled on a spectacularly successful method of treating a blinding disease of eye known as retinitis pigmentosa. This disease had been a com-

plete and hopeless riddle. Easily recognized, the only information that the doctor could give the patient was that he would surely and inevitably be completely blinded after a limited time had passed. There had been no suspicion of its true cause and nature, or of any method of successfully treating the condition. I found in many cases that the injection into body muscles of carotene, the yellow coloring matter of carrots which gives rise to vitamin A and to visual purple in the body, would check the advance of this disease and would restore some of the lost vision.

This notable and important discovery was barred from publication in the journals controlled by the A. M. A., including *Science.* It found publication only in the scientific magazine *Nature,* published in England. It has been confirmed recently by Professor Tscherkes of Odessa. Professor Tscherkes' report confirming my discovery was published in the United States in abstract form in both the Journal and in the 1939 Yearbook of Eye, Ear, Nose and Throat. The discovery was attributed in these abstracts to Tscherkes and no mention was made of his statement that he was merely confirming my report.

The same fate was shared by my discoveries of the causes and remedies of other previously hopelessly blinding conditions—keratoconus and the Lawrence-Biedl-Moon syndrome. My discovery of the highly-successful method of treatment of pneumonia, as I have already related, was also suppressed in this country.

OTHER SUPPRESSED DISCOVERIES

I have related my own experiences with the suppression of medical discovery not because they are unusual in present day medicine, but because I am more intimately familiar with their details. Rarely such incidents manage to penetrate the press censorship and come to light, as in the case of the important discovery of Drs. Arthur Steinberg and William R. Brown of the Kensington Hospital, Philadelphia.

The doctors discovered that minute amounts of oxalic acid play an important role in causing blood to clot; and that injection of the acid would save the victims of hemophilia and other diseases from death by bleeding. The discovery was made all the more momentous because it contradicted what has been taught regarding the effect of oxalic acid on blood clotting. In the test-tube oxalic acid prevents clotting. But the doctors had carefully verified their observations on more than five hundred cases in a dozen Philadelphia hospitals.

The life-saving character of their discovery made it so important that the doctors sent a report of it to the magazine *Science.* No doubt on the advice of the omniscient A. M. A. censors, this amply verified discovery was denied publication on the ground that it was "unproved." That meant that, in their ignorance, the "Preservers of the Faith" of the A. M. A. did not believe it. In denying publication to this discovery the editors of *Science* had not the excuse and alibi that they have adopted to defend their refusal to publish some medical discoveries: they state that it is their policy not to publish clinical work but only experimental work which guinea pigs and other experimental animals

have confirmed. Drs. Steinberg and Brown had done extensive animal experiments verifying their report. This makes it obvious that the true reason for the censorship exercised by the editors of *Science* is purely political.

Fortunately for the public, the Federation of American Societies for Experimental Biology still has escaped A. M. A. control and censorship, and the doctors were able to publish their results on April 29, 1939, at its Toronto meeting. In their publication they mentioned the censorship and suppression of their work by *Science* and by the American Association for the "Advancement" of Science.

SUPPRESSED DISCOVERIES ARE MANKIND'S LOSS

These experiences are charactertistic of those of independent research workers. The situation is mighty discouraging to the true research worker, who finds his work discredited, ignored or stolen by such political rings or committees. At the best, these seekers after the truth expect little enough reward for their work. They spend their own funds for equipment, material, and help, and give many a day to the quest for a single nugget of truth. In return for their labors to lighten the lot of mankind, the most that they can expect usually is the bit of glory which attaches to publication or to reading a paper; or rarely a cheap medal or prize is the reward.

It is astonishing that a small group of individual workers continue to bear the torch of truth-seeking, in spite of the denial to them of even these trifling, meretricious rewards for their efforts and sacrifices. What is even more amazing, is that it is generally these workers who lead the way of advance of medical science in the face of antagonistic "authority." They are compelled to struggle to give their life- and health-saving discoveries to mankind.

A way must be found to encourage these valiant men that vested interests, politics, and commercialism will not be able to thwart. Otherwise, there will be forced on the pioneers of humanity a cynicism that will lead them to refuse mankind the gift of their discoveries and to command payment by making private secret remedies of them. This was the practice in the dark Middle Ages; and there is evidence at hand that again it is in vogue among medical merchants.

RESEARCH REFORMS

Everyone has a vital interest in the elimination of the research rackets; for upon honest and effective research rests the hope of prolongation of human life and of avoidance of disease.

The first step in the destruction of the research rackets would be the elimination of research regimentation and of monopolies of research funds and facilities. This would imply, among other things, the elimination of fraudulent associations which collect funds for the ostensible purpose of aiding research and then utilize them for payment of salaries and administrative charges; for they exhaust public generosity that supports research. Likewise, foundations which serve primarily as commercial voting trusts should be converted to public agencies.

Research and discoveries that serve public interest should be stimulated by a system of public prizes and emoluments that would pension the discoverer for the purpose of devoting himself to further researches. Such a plan might be made self-financing by a provision for patenting discoveries.

Provision should be made for demonstration and evaluation, compulsory on demand of the discoverer, of medical discoveries in municipal hospitals, after the methods first have been proved harmless in animals.

FREEDOM OF SPEECH AND PUBLICATION ESSENTIAL

For the purpose of facilitating and stimulating the rapid dissemination of proved and valuable discoveries, accurate releases should be made for publication in the press. Freedom of thought, speech and publication in science and in medicine must be reestablished in the interest of public welfare. The words of Watson Davis, the director of Science Service, at the censorship dinner tendered by the A. M. A. to the science writers in 1937, cannot be repeated too often or stressed too greatly:

> "Freedom of speech and freedom of press within the medical profession and its allied fields are just as important as the freedom of the public press. It is of public concern if dominant views within any scientific group tend to suppress minority or unconventional opinions."

Unfortunately these noble sentiments were lip homage and do not guide the policies of Science Service. The service is now completely censored by the A. M. A. rackets.

CHAPTER IX.

HOSPITAL AND CLINIC RACKETS

BECAUSE hospital facilities are often essential for the present-day practice of medicine, "Doc" Simmons and his A. M. A. crew set out to gain for themselves complete control of hospitals throughout the country. But the hospital business is rich and profitable. The A. M. A. was forced to contest control with two powerfully entrenched groups, the American College of Surgeons and the Social Service Trust. Eventually after much manoeuvering and many battles, these three groups compromised and divided the hospital into "spheres of influence." In some States these "spheres" have been given legal ratification.

The consequences of their activities to the public and to the rank and file of the medical profession is strikingly illustrated by a story published in the April 13, 1929, issue of the Milwaukee News Sentinel. This report of a survey on hospitals, made among the rank and file of the local medical profession, reads as follows:

MEDICAL MEN FIND HOSPITAL RATES TOO HIGH

Hospital prices in Milwaukee must come down if a crisis in the welfare of the medical profession is to be averted, many Milwaukee physicians stated. . . .

"The hospitals have increased their price scale to such an extent that the patient of moderate means has nothing left for the doctor after he has paid the bill," one well known downtown physician declared. "These hospitals pretend to be charitable institutions when, in fact they are exacting top prices in a great majority of instances.

"I am afraid to take a patient to a hospital unless I know he has enough ready money to pay the bill," this doctor continued, "In some instances the hospital authorities will reduce the price scale slightly if I make a special plea, and in very rare instances will take a patient free of charge. The usual reductions, however, leave the final bill still exorbitant. *Either there is profit in hospital operations in Milwaukee or there is gross mismanagement.*"

Physicians spoke frankly of their grievances when assured anonymity, but shut up like clams when asked to discuss the situation publicly.

"I can't afford to get in bad with the hospitals at this time, one physician with a large practice said. "The hospitals in this city are able to run things their own way."

This physician produced a bill which had been rendered one of his patients for two days' hospital care. The bill was for $30 but had originally been made out for $37.

"Here is an example," he said. "This patient underwent a simple oper-

ation. When I pleaded with the authorities to cut the bill because of the patient's poverty, it was reduced $7. You can't tell me that the hospital didn't make money at the $30 rate. *I could have hired a hotel room and a nurse and performed the operation in a hotel for that price. . . .*"

The item of cost of hospitalization, the quoted doctors considered primarily from the viewpoint of their own incomes, though it obviously affected in equal measure the purses of their patients. In many communities, since then, the problem of the cost of hospitalization apparently is solved in part by the adoption of group hospitalization plans. But the public is confronted by many rackets that have been developed in connection with hospitals, that affect what is more important than money—the patient's health and life.

The patient is not in the average hospital long before he senses that there is something radically wrong about its organization that vitally affects him. He may sense it in the restriction in his choice of a physician to the members of the hospital's staff, in the high fees that are exacted from him, in the attitude of indifference often shown to his comfort, convenience or even vital needs. He and his friends may regard these as fancied or imagined; but they are very real. They are inherent in the character conferred upon hospital organization by the groups that have gained control over it.

SOCIAL SERVICE IN THE HOSPITAL

The sphere of influence of the social service group is agitation for the construction of public hospitals, financing and construction of the quasi-public or "voluntary" hospital, and the management of the business of both. The organization, construction and operation of voluntary hospitals and clinics is usually a very lucrative business for the moving spirits if sufficient voluntary contributions can be obtained.

The first step taken by the social service group to get a new hospital, or a new building for an old hospital, is to raise the cry of "overcrowded hospitals and clinics." It is a simple matter to bring about overcrowding even in communities with an excess of hospital facilities by the methods which will be described later. The control and censorship of the press which the social service forces have built up, insure ample publicity and protect them against any contradiction by informed persons. They also control the flood-gates of charity and philanthropy and can divert such funds as they choose.

The next step in the procedure generally is a joining of forces of the social service clique with a group of business men who are prospective directors, and a small group of doctors who are prospective consultants. Usually the members of the group contribute some capital or secure donations to the enterprise. This money may be invested in an old building or a plot of ground. Not infrequently the owner of an otherwise unsaleable property is the moving spirit in the enterprise and a true philanthropist the prime "sucker."

With this nucleus, the entrepreneurs then bend their efforts to impress upon the community their charitable intent and public spirit. This is requisite under the social service laws of most States for the permit to operate

a clinic or voluntary hospital or to beg and solicit funds, bequests and endowments from the public. The law of New York State, for instance, provides that no hospital supported by public subscription may be operated for acknowledged profit.

With the accompaniment of a publicity campaign, solicitation of funds from the public is instituted by volunteers and by highly paid solicitors. Commissions of fifty percent and expenses to soliciting publicity firms are not unusual.

The fraction of the funds donated by the public that is left over by the collectors is turned over to the directors. The disposition of the money in their hands depends upon the wishes of the individual board of directors. Seldom, almost never, is any public accounting ever made of the funds.

The campaign of solicitation of funds may continue for years. There are many instances of collection of millions of dollars from the public for the erection and equipment of hospitals that could not conceivably cost a small fraction of the moneys that have been collected for them.

What happens to these millions contributed by the public which never find their way into the building and operation of these hospitals? Even on superficial examination of the situation it becomes apparent that these hospital funds are either inefficiently dissipated or grossly misappropriated.

Many hospital groups readily confess to dissipation of funds. Such a confession by a prominent hospital executive, was published in the Saturday Evening Post several years ago. Those who are most intimately acquainted with the financial operations of hospitals are inclined to attribute these protestations as pleas to the lesser offense, in order to escape indictment on the greater.

PROFITS OF HOSPITAL DIRECTORS

Accountants have informed the writer that on many occasions they find in audits of hospitals obvious evidences of diversion or misappropriation of funds. These generally redound to the credit of firms in which "professional" hospital directors have an interest. These "professionals" shield their activities behind the fronts of reputable fellow directors who adorn the board; and they engineer their pilfering of hospital funds with impunity and skill. They retire from business and devote themselves to the vocation of hospital director, and wax rich on their loot.

A stir was created in New York City a number of years ago when a group of directors of Mount Sinai Hospital spent much money and effort to bar contributor-members from any vote in the management of the hospital. Bills were passed at Albany and appeals made to the courts of the State.

The auditor of one hospital supported by an alien group had among its directors a shrewd brewer who contributed heavily. He suspected diversion of the hospital funds and had called in an auditor in the guise of an efficiency expert. The auditor had no difficulty in discovering the diversion of funds.

"I could save half the cost of operating the hospital," he told me, "but my hands are tied. The hospital, for instance, pays ten cents a

dish for the crockery used in the wards. I could buy the identical dishes in the open market for two cents a dish; but I am barred from so doing. All the dishes used in the hospital are bought from Mr. H—— who is on the board of directors."

Mr. H——— was a brewer who had turned bootlegger, invested in commercial concerns during prohibition, and made a bit on the side as professional hospital director.

This auditor eventually learned too much. Rather than let his dangerous knowledge wander in paths out of their control, the directors made him superintendent of the hospital at an attractive salary.

The job of hospital architect is extremely lucrative, especially if the architect happens also to be superintendent. Millions have been made in this fashion.

No field is more profitable than hospital construction. Contractors have been known to donate out of their profits as high as a quarter of a million dollars to a hospital, on the directorate of which they sat, for the privilege of constructing a single building for that hospital. In New York City, hospital construction in one year may mount to forty millions, and is seldom less than ten millions.

Hospital and clinic construction have proved profitable for some of the social service clan. One of the most prominent workers in the field of hospitals and clinics who is also head of that division of a rich philanthropic foundation, is a silent partner in a firm which engages extensively in hospital and clinic construction.

Hospital accounts are generally not available for the inspection of the contributing public. If they were, numerous startling items would be discovered. One hospital recorded in its books the payment of six hundred dollars per dozen for cotton sheets for use on its wards. Another recorded expenditure of one hundred and twenty-five dollars for several thousand envelops; and a total stationery bill of tens of thousands of dollars, all paid to the firm of a director. Hospitals are big business for the merchants who control their purchases even when merchandise is honestly priced.

BOOSTING BUSINESS

When the hospital is constructed, it becomes the duty of its social service clique to build up business and income. Many devices are unscrupulously employed in this process. Though a hospital is by its very nature a self-advertising business, intensive advertising and publicity are usually used for this purpose.

As has been related, high priced publicity men are employed by hospitals to aid in building up their businesses and those of their staffs. Sometimes the publicity is centered about one or a group of staff physicians or surgeons whose "great deeds" are exploited. In other cases, the publicity centers about the hospital's specialty or some discovery, real or bogus.

CLINICS AS BUSINESS AGENCIES

Clinics—free municipal, so-called "charitable," or pay—are the most ef-

fective bait for hospital business. Their services are represented to the public, falsely, as superior to those of the selfsame rank and file of the medical profession who man them. Until the clinic is crowded and overtaxed, all comers are welcomed.

The 1927 report of the group of social service agencies combined in the United Hospital Fund of New York City stated that one and a quarter million people, or one in every five of the population of the city, were treated in the clinics of the city. The incidence of serious disease, requiring medical care, does not average over fifty percent per annum of the populace. It therefore becomes apparent that about half of the sick of New York City were treated in its "charitable" clinics.

These figures are striking, in view of the prosperity of those times. The purchase of luxuries then ran higher than ever. The average New York family boasted automobiles, radio sets, permanent waves, tickets to fights, and bootleg liquor.

Most folks at that time would have resented the imputation that they were poor. They were receiving higher wages than ever before. Automobiles were frequently traded; and when in need of repair they were entrusted, circumspectly, only to highly paid skilled mechanics; for autos were valuable and costly.

These same folks parked their cars as closely as numerous other autos, with the same destination, would permit. They took their own bodies into the crowded clinics for "free" or "cheap" medical care. It is obvious that folks place a low value on their lives as compared with their automobiles. For they would not dream of entrusting their cars to cheap services of the type that they sought for their own bodies.

Even in those days of prosperity medical panhandling had attained vast proportions. Few were the clinics which had not on their lists patients earning between fifty and one hundred and fifty dollars per week, who asserted that they could not afford to pay for medical services. The prevalence of medical panhandling was given official recognition by Dean William Darrach in his report on the Columbia-Presbyterian Medical Center, in the year 1927. He announced that panhandlers applying for services at the clinics of the Center would be compelled to pay the physician rendering services.

Several years later, Miss Dwight, a social service executive of the Center, explained to me the barriers against "panhandlers" set up by the overcrowded Vanderbilt Clinic. The patients were classified in three groups, and dealt with accordingly. Group A could pay the full clinic fee and were admitted without further question unless it was discovered that they could afford to pay high fees for private medical attention; and in this event they were turned over directly to one of a specially privileged group of doctors who maintained their private offices on the premises of the Center. Group B could pay only part of the fee immediately, and the balance at a later date; and they were admitted with discretion. Group C could not pay any part of the high clinic fee; and except for a few who were of special interest for teaching purposes, none was admitted, but all were referred to free municipal clinics. With the advent of government paid Relief, the procedure was modified.

This demonstrates the charitable spirit of hospital social service, which serves in voluntary hospitals primarily as a collection agency.

Some of the patients who are lured into the clinics are sent into the hospital to fill its beds and provide for it a revenue. Even in the municipal hospitals, the clinics of which are free, all patients who can possibly do so, are compelled to pay for their hospitalization. By thus filling the clinics and hospitals, the social service workers earn their livelihood; for they are well paid out of hospital funds. The number of jobs increases with the number and size of the hospitals and clinics, and salaries rise in proportion to the revenues of institutions.

ORGANIZED MEDICINE'S ROLE

The American Medical Association and the American College of Surgeons share the monopolistic control of the medical and surgical business of hospitals. Their initial antagonism has resolved itself. The members of the A. C. S. are all members of the A. M. A. whose prime interest is monopoly and protection of the surgical business of the hospitals. The A. M. A. seeks and usually secures for its bosses, control of all the facilities of hospitals.

The organization of this monopoly of clinics and hospitals is elaborate. Every phase is designed to concentrate into the hands of the members of the Association exclusive control of the use of the facilities of all the hospitals and clinics of the country; and into the hands of its bosses and ruling cliques, all lucrative medical and surgical business. The American College of Surgeons yields to the A. M. A. in all matters except the control of the surgical business. It is a powerful Surgical Chamber of Commerce that protects the business of its members from any type of encroachment.

The first step in the upbuilding of this monopoly was to gain absolute control of all existing clinics and hospitals and of the advertising, publicity and business-building forces that are inherent in clinics. Originally all clinics were private affairs. They consisted of hours set aside by physicians for the treatment of patients who could not afford to pay full fees for medical services. During these hours, the physicians treated those patients privately in office or home, for nominal or no fees. This was the doctor's charity rendered directly to members of the community.

Prior to 1890, a large number of physicians conducted such private clinics in all parts of the country. Today they survive only in the West. A number of physicians acquired fame and large and lucrative practices through the medium of private clinics. In the Eastern States, this inflamed the greed of groups of merchants-in-medicine who were steeped in the tradition of medical "big-business." To monopolize the advertisement and the business-drawing powers of the clinics, they placed on the statute books of a number of states, including New York, laws which outlawed private clinics and permitted only clinics organized with lay boards of directors and with the sanction of the "welfare" officials.

These laws placed the clinics squarely in the control of social service groups and of medical merchants allied with them. The unscrupulous physicians guaranteed themselves even greater benefits than they had derived from

their private clinics. They appointed themselves bosses or "chiefs" of the "reorganized" clinics. As their part of the agreement, the social service gentry undertook to build up the business of the clinics and their "chiefs."

"PULL-'EM-IN" AND "STEER-'EM" CLINICS AND CENTERS

Through this arrangement, these merchant physicians gained for themselves and their hospitals a monopoly of the most direct, intensive and lucrative forms of advertising and "steering" of medical business. Patients are lured to the clinics and hospitals by publicity and advertising. From the clinics they are steered into the private offices of the clinic doctors. In some clinics this solicitation and steering is done openly, bluntly and directly, as at the Columbia-Presbyterian Medical Center's Vanderbilt Clinic, where the patients are led by the hand directly to favored doctors who maintain offices on the premises of the Center. These physicians are in excellent position to secure inordinately high fees.

Thus the late Dr. John Wheeler refused to see privately a patient who would not pay him in advance a minimum fee of twenty-five dollars per visit. With the aid of the cleverly engineered publicity centered about the King of Siam, whom his operation left blind, the Eye Institute at the Center has levied an enormous toll on the public.

In the majority of clinics, the process of dragging patients into their doctors' private offices is not so direct, but is done by clinic card advertising. These clinic cards are issued to the patients to be preserved under the penalty of a fee for issuance of a duplicate. They bear the names and rank of the clinic physicians; the rank is frequently emphasized by larger and more legible type. Some clinic cards also bear the addresses of the physicians.

In some of the clinics, the name of the chiefs of clinics appears alone on the clinic cards, and patients are steered only into their offices. In others the direct solicitation of patients is prohibited. But this is circumvented through the device of solicitation of patients by employees, such as porters, who work in cahoots with the chiefs of clinics or by solicitors.

There is nothing hit-or-miss about the clinic advertisements. They go directly to patients who are suffering from diseases. They are tantamount to straightforward invitations to the patients:

> "Come to our private offices if you want superior treatment and if you can afford to pay our fees."

Nevertheless these doctors pretend that they do not advertise. And their "code of ethics" alleges that these advertisements are not advertisements. It has been aptly written by Dr. A. L. Wolbarst:

> —"while this rule (prohibition of advertisement and publicity) is made to apply by the County Medical Society and the governmental authorities to the modest practitioner, it does not seem to affect some of the leading members of the profession who somehow manage to bask in the light of profitable publicity with no detriment to their 'ethical' standing."

HOSPITALS VITAL IN MEDICAL BUSINESS

Most vital in the monopoly of medical and surgical business is the control of the hospitals of a community. People inevitably discover that the physician who is barred from effective utilization of hospital facilities usually cannot serve them with complete efficiency. This is not due to lack of capabilities of the physician. It is due to the need for hospital facilities in the care of the patient. As a consequence, the physician who is barred from access to hospitals can be throttled and his competition destroyed. Destruction of competition, monopoly of medical advertising and publicity, monopoly of the surgical and medical business of communities, and the maintenance of prices, especially for surgery, at a high and exorbitant level are the prime objects of the "closed hospital" system.

There is no more efficient way of advertising the services of a physician or surgeon than to let it be known to the community that Dr. Skinem, for instance, controls its hospital; that to secure medical or surgical services in the hospital (often even to get into the hospital) it must go to Dr. Skinem and pay him whatever price he may choose to ask. It matters not whether Dr. Skinem is a mediocrity and has bought or wheedled his way into control, or whether he is competent and has earned his position; for the people who are dependent upon the hospital he is the surgeon to whom they must entrust their lives. His name is bandied about on every lip. His successes survive, because or in spite of his services, to sing his praise. His failures damn him; or they die and are buried, and dead men do not talk. In any event the community must come to him, for he controls its hospital. His patients multiply so fast that he scarcely has time to glance at them before ripping open their bellies or snatching out their tonsils. He waxes rich and powerful through his control of the hospital; and eventually puts out of the running his less fortunate colleague whom he bars from the hospital.

THE "CLOSED HOSPITAL"—A MONOPOLY

The most important device in establishing a monopoly of hospital facilities of the country is the "closed hospital." The "closed hospitals" are private medical monopolies for the exploitation of the public. In them the privilege of the use of facilities which have been provided by the generosity of the public is restricted exclusively to small cliques of physicians whose objective it is to make the greatest possible profit out of their monopolies. This is equally true of both categories of "closed hospitals" the municipal, that are entirely supported by public funds, and the "voluntary" that are supported largely by voluntary contributions of the public.

Thus the "closed hospital" system is the basic and the most vicious hospital racket. These hospitals operate primarily for the aggrandizement of small, self-perpetuating groups of physicians and lay directors, and consistently betray the interests of both the profession and the public.

The "closed hospital" medical staffs are dominated by groups of attending physicians and surgeons, chiefs of staff. The profits to a chief of the control of a hospital service may run very high from the business which it steers into

his private practice. The position of chief in a larger metropolitan hospital, such as the Columbia-Presbyterian Medical Center, or Mt. Sinai, or Roosevelt Hospital, may mean the power to gouge patients enough to earn a quarter of a million to a million dollars a year. The struggle for this swag is naturally ruthless.

TRAFFIC IN HOSPITAL APPOINTMENTS

The chief of staff is boss of hospital and clinic, and autocratic dictator in his realm. He is subordinate only to the social-service-dominated administration, the lay board of directors. If the hospital is "approved" by the A. M. A. or the American College of Surgeons, the chief of staff must also accept orders from those organizations.

Subject to these limitations, the position of chief is hierarchical. His whims and desires are laws. The chief dictates what physicians in the community shall be permitted to use the hospital's facilities for the care of his patients, and what they may do. He dictates what methods of treatment shall be used. He dictates who shall be promoted in rank, and who shall be ousted and denied the use of the hospital facilities.

Staff positions in "closed hospitals," though they carry no direct emolument, are eagerly sought by the medical profession. The hospital is in itself an advertisement of medical services that lures medical business; a place on the staff of the hospital may mean to the physician a share in the monopoly of the advertisement, or of the business, or of both.

Staff positions are rarely obtained solely on the basis of merit. They are sometimes obtained by mediocrity and plodding years of service in menial capacity. In this event the doctor may serve the institution for many years before he is permitted access to the use of the facilities of the hospital for his patients. Usually staff positions are secured by physicians for "considerations." Nepotism or politics may suffice in some cases.

DOCTORS PURCHASE STAFF POSITIONS

Staff appointments are most usually a matter of direct or indirect purchase. It is quite common practice for staff positions in hospitals to be bought and sold on the open market. The prices paid by doctors to render services without direct pay, to the hospital and clinics are sometimes surprisingly high, until one considers the indirect profits. The doctor who pays the highest price as a rule receives the staff appointment without regard to qualifications.

Dr. Louis I. Harris, former Health Commissioner of New York City, commented on this widely recognized matter as follows:

> "I know a number of men who stand firmly entrenched in some closed hospitals and some of them contribute much to scientific knowledge.
>
> "On the other hand, I know some who could not stand scrutiny in a light that would reveal them honestly.
>
> "Some of them are men who have acquired much material wealth or influential connections which apparently have helped them secure positions in hospitals."

It is not unusual for the position of chief of staff of a hospital connected with a medical school, which carries with it the rank of "professor," to sell

for sums as high as twenty-five thousand dollars or more. It was common practice in the post-graduate medical schools of the country, such as the College of Physicians and Surgeons, (subsequently incorporated into the University of Illinois) to give the appointee stock for the money paid in.

Whether the purchase of staff position ensures any permanence of tenure of office depends entirely upon the extent or lack of principle and honesty of the members of the lay and medical board of directors. It is common practice in hospitals in New York City to demand of the members of the staff that they repurchase their positions at intervals. These intervals depend upon the rate of diversion of hospital funds by the board. The gouging and extortion perpetrated upon the members of the medical staff of these hospitals is sometimes outrageous.

DINNER TICKETS AND "CONTRIBUTIONS"

This traffic in hospital appointments has been highly developed by the social service dominated hospital managements. Some hospitals could be operated profitably if they had no other source of income than that derived from appointment of physicians to staff positions. Whenever the cliques who operate the hospitals want to get themselves more funds, they demand from the doctors on their staffs additional contributions. Thus out of a clear sky, in the middle of the summer of 1932 the vacationing members of the staff of Bronx Hospital, of New York City, received telegrams informing them that they must immediately contribute one thousand dollars to the hospital if they wished to retain their staff positions.

A favorite method of sale of hospital staff positions is through dinners for which tickets must be purchased by physicians or must be sold by them to their friends at extortionate rates. Dinners at costs ranging from twenty-five to one hundred dollars a plate are quite common. The latter rate prevailed for the tickets to the dinners of a Bronx hospital given prior to removal to its new building several years ago. The profession was openly apprized that positions on the staffs of the clinic and the hospital could be bought on the basis of the number of tickets purchased by the physician or sold to his friends. The scale started at five tickets, or five hundred dollars, for a lowly clinic position; and ranged to five thousand, or more, dollars for the position of chief of a hospital staff.

At the Beth David Hospital, of New York City, the price range of the tickets and of the jobs was more modest. The hospital eventually opened after raising large sums over a period of a decade or more for the building which merely cost several hundred thousand dollars when completed.

It is generally the younger, junior physician and the politically lesser fry who are most consistently and extortionately plundered. The requirement of the medical practice acts of several states that a graduate in medicine have one year of hospital internship has proved an excellent device for extortion. It has made the sale of the position of intern a lucrative business for many hospital gangs.

STAFF DOCTORS MUST "AIM TO SATISFY"

The purchase of a staff position, or its acquisition for other considerations,

does not insure promotion or even continued possession. Especially in the hospitals and institutions in which the direct purchase of position is spurned as crude and offensive to the sensibilities of the grafters and racketeers who dispose of appointments, the coin of payment has often become quite debased. The subordinate members of staffs are entirely dependent for their tenure of position upon the whim of their superiors. They must "aim to satisfy."

The superior, the "chief," must be wooed by his subordinates. In exceptional cases they may hold their positions by influence with the board of directors or by social or business position. Otherwise they must hold the superior's good will in any way that it can be held—politics, friendship, service, flattery, purchase or other means.

An absolute requisite for securing and retaining hospital appointments is to build up the medical businesses of the chiefs of staffs of the hospital by sending them patients for operation or consultation. The junior staff member must refer to his superiors, patients who will pay them their high or exorbitant fees, no matter how low may be their professional calibre, if he wishes to retain his appointment.

CALIBRE OF HOSPITAL STAFFS

As a direct consequence of the hierarchic hospital organization, hospital staffs generally are manned by physicians of the most mediocre calibre. Staff members in most instances dare not show exceptional ability or originality for fear of arousing the chiefs' jealousy. If a subordinate happens to make a discovery, even if it be published as usual, under the name of the chief, he has raised suspicion. He is suspect as a menace to the position, reputation and practice of the chief, and he may be ousted on any pretext. If he publishes a discovery without the consent of his chief or of the hospital, even though it contains no reference to the hospital, he is certain to be ousted. Mediocrity fares best in a "closed hospital." For this reason there seldom emanates from any large metropolitan hospital a substantial contribution to medical science.

I recall asking a physician occupying a junior position on the staff of the Manhattan Eye and Ear Hospital why he did not publish an interesting observation that he had made. He replied:

> "I do not dare. I would be fired from the staff. During the ten years that I have been connected with the hospital I have published nothing. If I am promoted next year, according to my expectation, I will have attained a position which would make it safe for me to publish."

Sad is the abasement which has been wrought in medical and hospital organization by politics and commercialism. The subjection and subservience of the rank and file of the medical profession to its political hospital bosses is rendered more startling by the fact that in a great majority of cases no emolument, salary or other reward is ever received by them for their services. They live in the often forlorn hope that they may succeed to the job of chief and enjoy its rich rewards.

PROFESSION CONSTRAINED TO STAFF HOSPITALS

They are forced to serve by a subtle form of slander of the profession

which has been engineered by collusion of hospital organization, social service and organized medicine. It has been bruited about the community that the physician who does not serve in hospitals and clinics is "incompetent and not to be trusted;" that a physician "requires the experience of continuous service in hospital and clinic." The public have come to firmly believe these falsehoods and propaganda. The rank and file of the medical profession are intimidated thus to man the hospitals and clinics even though they derive from them no benefits or compensation.

This practise was brought out into the open in the inaugural address of Dr. Douglas, former president of the New York County Medical Society. He frankly advocated that the rank and file of the profession be forced to man the clinics and hospitals, which could not be run without them. One can sense from this attitude the contempt which the bosses of medicine have for the rank and file of the profession.

HOSPITAL GANGS

Coupled with the propaganda of slander is promotional propaganda to create faith in hospital staffs. In many closed hospitals, especially those catering to clannish and neurotic foreign or religious elements, much publicity propaganda, innuendo, planning, plotting and manoeuvering is spent in the effort to induce their public to believe that the mere association with the institution endows the physician with superior virtues and abilities. They treat their colleagues with aloofness and contempt. Among themselves they form clans with the dual purpose of deriding and riding down all colleagues, and of mutually bolstering their reputations and practices.

They are, in reality, medical gangs intent upon fleecing the public. Their tactics, which are a shrewd commercial pose, do not fail to impress their public who gullibly turn to them. Once a patient falls into their clutches, he is bandied to and fro among the clique, often until his purse is drained; then he is cast out. One, or more, such gang can be found in every town or city.

Denial of admission to patients of physicians who are not on their staff even in event of emergency, on the false ground that "there are no beds available," is a contemptible trick regularly used by voluntary hospitals to discredit and penalize physicians who are not on their staffs; and to enhance the reputations and practices of their physicians. Within some hospitals discrimination is exercised in favor of a few of their physicians. The public soon learns that beds are always available for the favored physician. This betrayal of the public is often a telling factor in rivalry for practice.

The fear of being destroyed by adverse propaganda, and the hope of sharing the rewards of staff membership and regularity, make the rank and file of the profession flock to serve the clinics and hospitals in building up their businesses. Through control of these institutions and the rule which bars from their staffs physicians who are not its members, the A. M. A. exerts a powerful control over the country's medical business. The "closed" hospital is fashioned into a device whereby medical overlords rob the rank and file of the profession of their patients and incomes.

CHAPTER X.

THE AMERICAN COLLEGE OF SURGEONS AND THE HOSPITAL RACKETS

The Surgical Chamber of Commerce

In the field of surgery, the American College of Surgeons shares with the A. M. A. control of the monopoly of hospital business. The College is a surgical trade organization which combines the functions of labor union and chamber of commerce. It is a device whereby its members establish for themselves a monopoly of the surgical business, restrict the number of surgeons allowed access to hospitals, maintain the fee scale and costs of surgery at a high level, and otherwise protect their incomes and prevent any encroachment on the field of surgery by the adoption of non-surgical methods of treatment that might develop from medical discovery.

The origin of the American College of Surgeons (A. C. S.) like that of the A. M. A. found its roots in business competition. Barbers monopolized the field of surgery for centuries. Surgery was spurned by the medical profession as beneath its dignity. A survival of this attitude is the British custom of denying to the surgeon the title of doctor.

In the latter part of the eighteenth century and in the early nineteenth, the barbers' practice of surgery had become quite lucrative. The medical profession began to cast invidious eyes at surgery and openly engaged in battle with the guilds of the barbers and "chyrurgiens" for its monopoly. Then cognizance was again taken in the mid-nineteenth century of the ancient and "sinful" practice of anesthesia, and it was reintroduced. Later recognition of Pasteur's proof of the bacterial origin of infections was forced upon medicine, and became the basis of safer, aseptic surgery. These developments made it possible to open and drain abscesses of the abdomen, such as appendicitis, with some hope of survival of the patient. When surgery was thus made more pleasant and lucrative, the organized medical profession grabbed it from the barbers.

Surgery soon became acclaimed as a cure-all. The surgeon became transformed from a scorned barber-butcher to a popular hero, and accordingly his fees and income rose. This brought a grand rush of recruits to the field of surgery.

By the end of the first decade of this century, competition in the surgical business became very keen. Surgical fees dropped steadily to lower levels. Surgeons competed openly for business by paying their colleagues for services

rendered them in preparing the case for operation, and in building up their reputations, practices, and incomes. As competition among surgeons grew keener, they offered for these legitimate services a steadily larger share of their fees. Not even the "closed hospitals" and their monopoly of hospital facilities could stem the tide of competition.

At this juncture, a group of politically influential surgeons got together to protect their businesses. They formed the American College of Surgeons. This was about the same time the A. M. A. was engaged in protecting the incomes of its bosses, and reducing competition with the aid of the General Education Fund, by putting out of business the majority of the country's medical schools.

The A. C. S. plan is to lead the public to believe by intensive publicity and advertising that its members are the only honest and competent surgeons, and that they alone are intent upon protecting the lives of the public. The initial membership was restricted to a group of surgeons controlling the hospital facilities of communities, who would pay the initiation and twenty-five dollars membershp dues, and, most important of all, who would sign a pledge not to "split fees." They conferred upon themselves the title and trademark, F. A. C. S. (Fellow of the American College of Surgeons).

HOLDING DOWN COMPETITION

As a part of the program of the F. A. C. S. to protect their incomes, they deliberately restrict the number of surgeons to whom they extend the stamp of their approval and the hospital privileges which it implies. They do this more with an eye to a monopoly of surgical business than to the needs of the community. The A. C. S. acknowledged a shortage of its brand of surgeons at its 1939 convention, and announced that it was planning to increase the number by five hundred Fellows a year.

The device that the A. C. S. employs to restrict the number of surgeons and to protect the business of its Fellows is perfect. Through its joint grip on the hospitals shared with the A. M. A. and the Social Service Trust, it bars non-members from appointment to significant surgical positions that yield material returns directly or indirectly. Membership is limited by local boards composed of F. A. C. S. engaged in practice in the same community as the applicants, often in competition with them.

As might be expected under the circumstances, a great majority of the applicants are rejected by the boards composed of their competitors. Thus in October 1929 about six thousand surgeons who had served for years on the staffs of hospitals throughout the country applied for acceptance and fellowship in the A. C. S. with full proof of their experience and skill. Five thousand were turned down and returned to their communities to continue to practice surgery, many in "approved" hospitals, without the seal of "approval" of the A. C. S. The College did not undertake to protect the public from their supposed lack of skill; but the F. A. C. S. did protect themselves from business competition.

The need for this type of restriction for maintenance of large, monopolistic surgical businesses for a small group of F. A. C. S. surgeons is manifest. Surgery per se is a simple mechanical art that can be learned readily by a moron. There are few operations as complicated as rebuilding a pair of shoes. Far more important are diagnostic ability, medical judgment and skill, which require infinitely greater ability than the mechanics of surgery. But these contraindicate operation and dictate medical treatment so often that they are not favored greatly by the surgical gang, for they hurt business.

THE COBBLER SURGEON

An example that illustrates how little exceptional ability is required by the mechanics of surgery is related in a tale, forwarded to the New York *Times* from Russia by Walter Duranty, about a cobbler, Ivan Kolesnikoff, who posed as a surgeon for eight years. He acquired the documents of a Dr. Nelski, and on their strength became assistant surgeon at the Tashkent Hospital. He was rapidly promoted to the rank of chief surgeon at Samarkand and later made chief surgeon of a group of hospitals around Kieff. Even after he became known as an impostor, and prosecution was urged by local physicians who resented the competition, superiors supported him as a man of practical efficiency. When he finally was sent to prison for six years, it was brought out that he was a very rapid operator and that *the mortality rate of his six hundred major operations was lower than the average of competing surgeons.*

COMMERCIAL ADVANTAGES OF F. A. C. S.

There are very distinct advantages to fellowship in the A. C. S. Because of its acceptance of social service domination, the A. C. S., its appointments to fellowship and its "Approved Hospitals" are widely publicized in the press. This serves as free advertisement of the Fellows as they are appointed.

This selective advertisement of its brand of surgeon does not satisfy the A. C. S. Periodically it attacks the balance of the profession in the press with false and libelous allegations which directly, or by innuendo, stamp all who are not F. A. C. S. as incompetent, dishonest, and not to be trusted.

On this score one of the Fellows of the A. C. S. wrote a letter of protest in 1931 to the magazine *Medical Economics* reading as follows:

"To the Editor:

"I believe that it may fall to the lot of your publication some day to point the way to the broader methods of business in our professional attitude, instead of our covetous one from which a change is needed if we are to hold public respect and confidence.

"Personally I cannot bring myself to believe that the closed hospital is a just restriction to the younger men. I, as a Fellow of the American College of Surgeons, believed that standardization of our hospitals would work for betterment of all concerned. But I was wrong.

"It has made mean and narrow political cliques. It has become a great factor in the creation of *medical trust*. J. O."

A. C. S. ALIBI

The A. C. S. seeks to justify its activities by asserting that it protects the public by certifying to the superior competence of surgeons on the staffs of hospitals that it advertises as "approved." These representations are often false. When political convenience dictates, the A. C. S. "approves" hospitals from the staffs of which its "approved" brand of Fellows are ousted and replaced by surgeons whom those Fellows openly denounce as incompetent.

Such was the case, for example, at Harlem Hospital of New York City a number of years ago. The surgical director, a political appointee, was publicly charged with "incompetence, inexperience and poor surgical judgment" by veteran members of the surgical staff who were also Fellows of the A. C. S. The protesting F. A. C. S. were ousted together with a large part of the staff of the hospital. For political motives, some were replaced by surgeons who had been denied fellowship by the A. C. S. on the grounds of lack of experience or competence. The allegedly incompetent director retained his position. And the Harlem Hospital continued to be "approved" though neither reply or denial was ever made to the charges, and in spite of deplorable conditions of overcrowding, inadequate equipment, and abuse and neglect of patients.

The A. C. S. misrepresents facts in still another manner. Even the most honest F. A. C. S., the "specialist in surgery," is certain to be biased in favor of surgery, for self-interest compels it. He is emotionally opposed to non-mutilating medical therapy. The most eminent surgical specialists of the A. C. S. perform many needless operations.

NEEDLESS OPERATIONS AT A MEDICAL CENTER

Cases readily come to mind. The most flagrant is that of Mrs. Sadie Rosenberg. She suffered from a serious ailment that progressively paralyzed the muscles of the eyelids so that she could not open her eyes; the muscles of her eyes so that she could not move her eyes; the muscles of her face and jaws so that her mouth would fly open involuntarily and she could not close it; the muscles of her throat so that she could not swallow food, except in the early part of the day, without the sensation or danger of choking; and the muscles of her body so that she tired rapidly and could scarcely muster enough energy to care for herself.

In the first stage of the illness when she suffered only from drooping of the lids, Mrs. Rosenberg placed herself in the care of the Columbia-Presbyterian Medical Center and its associated Neurologic Institute and Eye Institute. There she was treated over a period of four years almost continuously She was admitted to the hospital eight times. Thirteen different diagnoses of her condition were made by the hospital and professorial staffs, none of which proved correct.

She was operated for correction of the drooping lids and the paralysis of the eye muscles three times by Dr. John Wheeler, one of the most widely and

spectacularly advertised eye surgeons in the world; and later was slated for a fourth eye operation by an equally prominent, recently deceased Mt. Sinai eye surgeon. Dr. Byron Stookey, professor of brain surgery, made a tentative diagnosis of tumor of the brain following injection of air into the patient's spine and the taking of encephalograms. Dr. L. M. Davidoff ordered x-ray treatment of the head for one year, at the end of which time cataracts had developed in both eyes. Though numerous x-rays were taken, a tumor in the mid-region of chest was entirely overlooked. Dr. George Crile, called into consultation, diagnosed the patients condition as glandular but beyond hope on the same day that the patient was brought to me.

In three weeks after I added several items, including vitamins A, B, C, E and G, salt and minerals, and liver to her diet and placed her on glandular treatment, complete motion was restored to eyes and eyelids except where the scars of previously operations interfered. Later Mrs. Rosenberg recovered her strength to such extent that she was able to resume fully her household duties.

The correct and obvious diagnosis in this case was myasthenia gravis, a medical disorder which required no operative interference. The treatment which I used was largely my original discovery.

FEE-SPLITTING VS. SURGICAL MONOPOLY

It is characteristic of the bias of the American College of Surgeons that its first activity, according to the story which it has published in numerous newspapers and magazines, was directed against "fee-splitting."

"Fee-splitting" is an epithet which has been coined by the clever publicity men of the A. C. S. for their propaganda to cast a stigma upon the intrinsically honest practice of the payment of a fee by one physician to another for services rendered. This publicity has led the public to believe that though payment for services rendered is honest in every other vocation, if the parties involved be physicians it is dishonest.

They represented to the public that the practice of "fee-splitting" stimulated much needless and incompetent surgery. The truth of the matter is the reverse. The presence of the family physician in surgical cases is often a protection for the patient against incompetent and needless surgery. For the family physician is dependent for his future and his income on the continued relations with a satisfied patient; and no intelligent physician would risk his relations with the patient, his family, and his associates by deliberately jeopardizing life.

The surgeon who gains his cases by virtue of the position conferred upon him by the A. C. S. and his monopoly of hospital facilities can disregard the sensibilities and the vital interests of the patient as completely as he disregards his obligation to the colleague who has had the responsibility and work of preparing the case for him. Certainly there is more inducement to such a dishonest surgeon to do needless surgery in a whole fee than there is in half a fee.

The falseness of the pretended motive of the A. C. S. and its Fellows in their war on "fee-splitting" becomes more apparent when one discovers that among its founders and officers were some of the most notorious fee-

splitters of their day. One of the ranking executives of the College built up his practice, at the beginning of the century, by paying commissions, or "split fees," to barbers, bootblacks, janitors, bartenders and any merchant who would send him cases.

It is notable that Fellows of the A. C. S. have been leaders in the movement to legitimatize "fee-splitting" during the past decade. A recent president of the New York County Medical Society acknowledged in his inaugural address that "fee-splitting" is not an evil; that it is a necessity under present medical and hospital organization; and that many abuses could be eliminated by placing "fee-splitting" on an open and honest basis, as in the other professions.

The A. C. S. itself acknowledges that its attitude towards "fee-splitting" is false. It acknowledges in its publicity releases that its Fellows, who are not honest enough to openly pay for services rendered to them by colleagues, cannot be trusted not to do needless operations when they receive the whole fee. It confesses the need of a check on its Fellows and asserts that it demands a check-up on the work of its advertised brand of surgeons, in the form of a report of the pathologist's findings on the tissue removed at operation and by other equally ineffective methods of control.

But it is common knowledge how very frequently ill-advised and needless operations, also abortions, are performed upon patients in the most representative "closed hospitals," with apparently full justification in the pathologist's reports. Pathologists must live; and to do so they must continue to hold their jobs. The surgeon in the "closed hospital" is protected by a cloak of secrecy and has only his own conscience to consult on the question of operating. It is but natural that his judgment should be prejudiced in his own favor, especially if the fee be sizeable. This is the significance of the proposals for "scoring" of operations made before meetings of the A. C. S., most recently at the October 1939 meeting in Philadelphia.

"APPROVED" METHODS OF "PURSE-SPLITTING"

It safely can be said that there is no member of the American College of Surgeons, or of any other group of physicians, who does not pay directly or indirectly, in some manner, for services rendered to him by some other physicians. In some cases the payment is made socially; in others it is made by deliberate losses in a game of chance, cards or dice; or it may be made by exchange of consultations, many of which are undeniably a needless tax upon the patients' purse, which practise goes by the name of "purse-splitting."

An amusing variant of the formula for evading the "fee splitting" injunction has recently come into vogue, originated by Dr. B...., a wealthy veteran F. A. C. S. who like many others is a "reformed fee splitter." A doctor went to him and said:

> "Dr. B...., I wish to refer to you an operative appendix case who is willing to pay one thousand dollars for his operation. What will my share be?"
>
> "You know I do not split fees. I am beyond that," said Dr. B.... with an appearance of indignation.

"Never mind. Do not grow indignant. There is many another equally capable surgeon that I can get to do it who will not hesitate to pay me for my services in the case," said the doctor, walking out of Dr. B....'s office.

When the doctor arrived back at his office, he found a message from Dr. B...., asking that he call back. He called.

"I bet you five hundred dollars," said Dr. B...., "that your diagnosis of acute appendicitis is wrong."

Needless to say, he got the operation and lost the five hundred dollar bet to the referring physician.

The consultation method of "sharing" the patient's purse is approved, endorsed and recommended by the American College of Surgeons, the American Medical Association and other representative, "ethical" societies. With tongue in cheek, medical "leaders" inform the public that these consultations are all "in the interest of the patient." The patient whose purse is flattened by needless consultations knows otherwise.

The arrant hypocrisy of the pretenses of the American College of Surgeons regarding "fee-splitting" becomes obvious when one considers in how many ways its Fellows pay for the steering of business into their offices. To the extent that the publicity of the A. C. S. in favor of its Fellows serves to build up their business, even the twenty-five dollar annual dues which they pay the organization constitutes "fee-splitting."

The purchase of hospital positions, with whatever coin, constitutes "fee-splitting" with the hospital. It constitutes payment for the advertising, publicizing and boosting by the hospital, and payment of commission for the direct reference of patients to the doctor's office.

Evidently cupidity, that very human failing, made painful to the "fee-splitting" surgeons who had become bosses of the surgical racket, the process of paying out to colleagues of the rank and file money collected. But they did not dare to refuse as individuals to pay their colleagues for the services rendered. They feared that the latter would take their cases to equally competent surgeons who would adopt a more honest attitude. They therefore found it necessary to make "fee-splitting" a sin and a crime, to protect their incomes. "Medical ethics" thus serves medical business.

It is significant that a hypocritic attitude toward "fee-splitting" has gained legal recognition in New York State. In 1927, Henry Stern bequeathed his estate of more than two hundred thousand dollars to seven New York hospitals on the condition that the members of the hospital staffs should donate to the hospitals ten percent of the incomes that they earned in the hospitals. This proviso merely takes cognizance of the fact that doctors regularly do purchase hospital positions and the business which emanates from them. In a contest by the hospitals, the courts overruled this clause of the will on the pretense that such "fee-splitting is not permitted by medical ethics."

"APPROVED HOSPITAL" FARCE

The full extent of the hypocrisy and the dishonest commercialism of the situation comes to light in other activities. The A. C. S., jointly with the

American Medical Association, has annually publicized its "approval of hospitals." They have represented to the public that they inspect the hospitals with an eye to their safety, the quality of accommodations and services rendered, and the protection of life and stimulation to recovery which they offer. Each year the A. C. S. releases for publication in newspapers a list of "approved" hospitals which it advertises to the public as follows:

> "Before seeking the services of a hospital, be sure to determine that it has been approved by the American College of Surgeons, so that you may be sure that its condition will in every way contribute to your rapid recovery."

This representation of the American College of Surgeons and its allies often is absolutely false. Kings County Hospital of Brooklyn, for example, became notorious for maltreatment of patients. The food was not fit for humans, and the buildings were dilapidated rat- and fire-traps repeatedly condemned by the Building Department of New York City during more than a decade. The horrible conditions in the hospital were fully exposed in the report of the Commissioner of Accounts Higgins in 1928.

A Grand Jury composed of laymen said of the hospital in a presentment handed up to Judge Algernon I. Nova:

> "The chronic and incurable female patients, numbering about two hundred and sixty, are housed in a building that was erected about 1860. The eastern wall of this building is shored up with timber and the eastern wards have been cleared of patients because of the danger of the walls falling.
>
> "The chronic and incurable male patients, numbering about three hundred, are housed in a building that was erected in 1869. Fire doors have been installed, but they are not self-closing.
>
> "Large numbers of these chronic and incurable patients are bedridden. The only outlook in life for all the patients is the day when they pass to their eternity. Pending that day, the County of Kings keeps them in two fire-traps. Could a more horrible picture be painted in words than this? . . .
>
> "No doubt, in making these criticisms we are following the footsteps of many grand juries."

The A. M. A. and the American College of Surgeons gave this Kings County Hospital its highest rating, "Fully Approved." I filed a protest with the American College of Surgeons against the travesty and betrayal of public trust involved in certifying the safety of this hospital. Dr. M. T. McEachern, Director of Hospital Activities of the A. C. S. replied. He acknowledged that the "physical plant of the hospital is not the *most desirable,*" but justified the false recommendation of the hospital to the public as desirable and safe because "it has a staff of outstanding physicians, surgeons, and specialists," a majority of which surgeons were honored members of the A. C. S. and the A. M. A.

Dr. McEachern's reply implied that the criterion of the A. C. S. in certifying a hospital as "Fully Approved" is primarily, principally or solely this:

"Is a monopoly of the facilities of the hospital given to surgeons who are F. A. C. S., who have signed the pledge not to honestly pay for services rendered them by colleagues, not to split fees, and to maintain the surgical price scale?"

The degrading picture is not complete without comment on the "outstanding physicians, surgeons and specialists," F.A.C.S., on this "closed hospital's" staff. Not one of them had dared to expose the ugly situation of which they were well aware, or to uphold their "Hypocritic Oath" and protect their patients in a manner commanded by honesty and humanity.

On the contrary, they issued to the press a statement denying the existence of these conditions which were so well confirmed as to constitute a public scandal.

The Kings County Hospital case is not an isolated instance. The Cumberland Hospital, of Brooklyn, for instance, had always been rated as "Fully Approved" though it was repeatedly condemned, and was finally closed down by Commissioner of Hospitals, Dr. J. G. W. Greeff as in momentary danger of collapse. Many hospitals that are recommended to the public by both the A. C. S. and the A. M. A. are scandalously unsafe, insanitary and a menace to the health and lives of their patients.

METROPOLITAN HOSPITAL: "APPROVED"

Numerous hospitals widely advertised by the American College of Surgeons as "Approved" place in jeopardy the health and lives of their patients and should be condemned and torn down. And it is equally true that the accommodations, food and treatment accorded the patients in numerous of those hospitals can only serve to impair their chances of recovery.

At the Metropolitan Hospital in New York some phases of surgery were practised, as recently as a decade ago, with no regard to asepsis and as crudely as they might have been a century ago. As a consequence of disregard of asepsis and sanitation, over two hundred cases of cross-infection of scarlet fever, measles and diphtheria, with a number of deaths of children, on one occasion forced quarantining the entire building in which the children's wards were located.

With a reporter for a New York newspaper, George Kenney, I inspected, about that time, the tuberculosis wards of the Metropolitan Hospital. We found that less than half the patients were provided with sheets or blankets. In order to keep the patients warm, the windows of the wards were kept closed at all times. Even the nurses and medical staff agreed that the food which was given to the patients was not fit for humans. The tuberculous patients of the hospital were getting neither fresh air nor proper food, the two essentials for the treatment of the disease.

One amusing episode brightened this grim tour of inspection. News of our inquiries about blankets was relayed to the superintendent of the hospital. On ringing for the elevator at the end of our inspection, the response was long delayed. When the elevator finally arrived, it was loaded with blankets hurriedly brought from a warehouse located on the same island on

which the Metropolitan Hospital stands. The Metropolitan Hospital was "approved" by the American College of Surgeons.

USUAL CONDITIONS VARY "ONLY IN DEGREE"

These conditions are not unusual in hospitals. Children admitted for tonsillectomy have been known to leave the hospital with a cross infection of syphilis. The firm which supplied the municipal hospitals of New York City for many years, was successfully prosecuted on several occasions for furnishing to those hospitals milk which had been condemned as unfit for human use. This milk was fed to sick babies. The hospital epidemics among infants, which are publicized from time to time because of an excessive number of deaths, are generally due to such milk causing dysentery or cholera infantum.

When the interns of the City Hospital (New York) complained that roaches floated in their soup and cereals, they were told that they had no reason for complaint, since the patients did not complain about it.

In 1938, Miss Mildred Blackney, a city nurse in Ward CI-E of the Cancer-Neurological Hospital shocked the members of the New York City Board of Estimates by a description of conditions which prevailed in the hospital.

> "I had one case of amputation of the breast," Miss Blackney said. "When I came on duty I was told to watch that case. I lifted up her arm and found hundreds of ants crawling over her."
>
> "This should have been brought to the attention of the Commissioner of Hospitals," Councillor Newbold Morris suggested.
>
> "The Commissioner knows about it. I reported it and the night nurse came to me and said, 'Why did you tell on us?' "
>
> "Why can't this be stopped?" asked Deputy Mayor Curran, who represented junketing Mayor LaGuardia.
>
> "You can't stop it because they are coming out of the walls," replied Director Luciel McGorkey of the C.I.O. "That hospital has rats, mice, bedbugs, cockroaches, ants and everything else. This has been brought to the attention of officials repeatedly."

This hospital was "approved" by the American College of Surgeons—lice, ants, rats, mice and everything else. Though the LaGuardia administration has pretended that the City of New York lacks the funds to remedy these wretched conditions, it has found millions to spend on building pretentious Health Centers that serve largely to provide offices for social service agencies and boondogglers. These facilities provided in these wasted and almost empty edifices would do much to relieve the hospital overcrowding. But hospitals do not serve the ends of social service agencies, milk companies, insurance companies and allied organizations that now control health departments. In the meantime the helpless sick are left in wretched misery.

Some idea of the universality of such hospital conditions is given by the preamble of a resolution adopted at a meeting of hospital workers organized in the SMWCA in 1939. It reads:

"Whereas: the twelve and even thirteen-hour shifts prevail in the majority of hospitals; and

"Whereas: hospital employees are frequently required to live in unsanitary fire-trap dwellings; and

"Whereas: the food served hospital employees is usually unpalatable and lacking in nourishment; and

"Whereas: responsibility for the care of 80 to 100 patients is not infrequently placed upon one nurse and one orderly; and

"Whereas: low salaries, long hours, and understaffing vary in hospitals throughout the country only in degree; and

"Whereas: these conditions do not permit of adequate, safe care for the sick; . . ."

F. A. C. S. WAR ON PRIVATE HOSPITALS FOR BUSINESS

The commercial motives which underlie the A. C. S. hospital activities are obvious in its attitude toward the generally luxurious private hospitals, which extend their facilities to all doctors and consequently are a menace to the monopoly of surgery which is sought by the A. C. S. This menace was intensified during the depression because the charges of the "charitable," voluntary hospitals were so much higher than those of the private.

To eliminate the competition, the publicity men of the A. C. S. and of its social service allies launched venomous, libelous attacks on the private hospitals, which were freely published in the daily press, though all replies were barred by censorship. It was alleged among other things that all private hospitals endanger the health and lives of the public. The president of the New York County Medical Society, local representative of the A. M. A., in his inaugural address told the public that the majority of operations performed in the private hospitals are needless and illegal. The truth of the matter is that the greater number of such operations is performed with impunity in the "closed hospitals" where the friendly consultations and the cloak of secrecy protect their perpetrators.

The motive for these attacks was clearly announced by the United Hospital Fund, through Assistant Director Dr. Eleanor Conover, as an attempt to remedy the loss of business by the voluntary hospitals and their doctors. The falseness of the charges against the private hospitals was proved conclusively when the A. C. S. was forced to place numerous private hospitals on the "approved" list because of the slump in business of its Fellows who refused to treat patients in the superior and cheaper private hospitals. It is a tribute to the great power of the organization that none of the libelled private hospitals dared to sue for damages done to their businesses. Subsequently when business again slumped, many of the private hospitals were again removed from the "approved" list.

The fight on the private hospitals was continued for a while in a treacherous and underhanded fashion. Social service organizations, such as the Federation for the Support of Jewish Philanthropic Societies of New York City, sought to intimidate and restrain the staff members of hospitals which it supports from patronizing private hospitals by demanding a detailed report

of every case which they there treated. The pretended reason was fear that the doctors might "split fees" in the private hospitals, and the Federation-supported hospitals might lose thereby their A. C. S. approval. The falseness of this pretense is made obvious by the fact that physicians do not remain on the staffs of many of those hospitals long, if they fail to make contributions deemed adequate.

F. A. C. S. WAR ON MUNICIPAL HOSPITALS FOR BUSINESS

Another demonstration of the commercialism of the A. C. S. and its social service allies was the war waged in 1932 by the voluntary "closed" hospitals on the municipal hospitals of New York City for Workmen's Compensation Insurance business. A ruling of the State's Attorney-General had permitted the insurance companies to hospitalize injured employees as charity cases in municipal hospitals. This cheap business, at which the surgical merchants sniffed in times of prosperity, depression converted into an enviable morsel.

Under these circumstances the F. A. C. S. and the voluntary hospitals, with their social service allies, awakened to the discovery that injured employees were not getting adequate care and were being swindled out of their compensation; also that hospitals were not being adequately paid for the care of the cases. A Committee on Workmen's Compensation Insurance was appointed to investigate the situation by Governor Roosevelt. Mr. Howard E. Cullman, president of the Beekman Street Hospital, a director of the Flower Hospital, director of the Port Authority of New York, and champion of the social service interests, was appointed chairman of the committee.

The American College of Surgeons with its social service allies, issued publicity releases which lamented at great length the abuse of the injured worker; and advocated its "Approved Hospitals" and its own brand of surgeon as a remedy. It failed to state that the municipal hospitals in which these frauds and malpractices were being perpetrated were also "Approved Hospitals"; and that the perpetrators were also F. A. C. S.

The active interest of Mr. Cullman, and of his committee and its allies, in the abuses of the Workmen's Compensation Act ceased when the law and its administration had been changed to bar compensation cases from municipal hospitals, and turned the business over to the voluntary hospitals at a higher per diem rate. In spite of the fact that the injured workers now are being treated under the amended law even more mercilessly than formerly, the F. A. C. S. and their allies are no more interested in the abuses of the law. The American College of Surgeons and the insurance companies are once again allies and "approved" voluntary hospitals are perpetrating the same abuses which were condemned in the Crusade; but now influential F. A. C. S. are profiting from them.

HOSPITAL WARS

Competition for medical business is widespread between the "closed" hospitals themselves, as well as between cliques within the hospitals and between individual members of the hospital staffs. Commercial interests of the profession stew continuously in the corrupt mess of hospital politics, a

game of "dog eat dog." It matters little to the principals that innocent third parties, the patients, lose their lives in the fray.

On rare occasions the continuous guerilla warfare of the "closed" hospital brigands, that normally is sheltered by the secrecy of the system, flares up into bitter and open battle and emerges into the courts. The press then brings it to public attention. Thus the Fifth Avenue Hospital of New York City, which was built and endowed as a homeopathic hospital, has staged a public battle for the control of the business attracted by that well-built and attractively located institution. The battle has run through the courts for a decade or more.

The homeopaths made the mistake of extending the courtesy of the use of their hospital to allopathic confreres. The latter soon banded together, and with little regard for principle, ethics or decency, proceeded to oust their hosts from the hospital. When Frank N. Hoffstott, with other contributors to the institution, sued the clique to prevent them from eliminating the homeopaths, Supreme Court Justice Peter Schmuck gave them little comfort. They did not regain control of the hospital and its business until depression threatened its bankruptcy. They were enabled to recapture it by virtual foreclosure, thanks to a windfall bequest of millions from the Wendel estate to the homeopathic Flower Hospital Medical School.

Then another allopathic clique, the Johns Hopkins Medical School crowd, gained control of the business of both the hospital and the medical school through the Rockefeller Foundation. A young henchman of the Johns Hopkins group, Dr. Ferdinand Lee, was made the Dean of the Flower Hospital Medical School. He promptly appointed fellow alumni and chums to the heads of the various staffs and they proceeded to demand the wholesale resignation of the veteran staffs.

Similar wars between factions closed the Italian Hospital and rocked the Harlem Hospital in New York City at about the same time.

HOW A HOSPITAL WINS A. C. S. "APPROVAL"

How the A. C. S. serves its ringleaders and their allies is illustrated by the affair of the "approval" of the Beth David Hospital of New York City, the conduct of whose business already has been related. In spite of its widely known business methods and in spite of the dilapidation and squalor of its buildings, the hospital was "approved" by the American College of Surgeons.

After collecting unknown amounts of money for many years, the Beth David Hospital moved, in 1936, into a large and modern building that was close to the affluent residential district. This meant competition to the established hospitals and surgeons in times that were trying.

Within a short time after its removal to the new building which was as suited for hospital purposes as the old had been unsuited, the Beth David Hospital found itself in difficulties with the American College of Surgeons. It found its name omitted from the list of "approved" hospitals that is widely published by the A. C. S. in local newspapers. Due to the intense adverse publicity that the College can bring to bear on any institution that it desires, and due to the fear of the F. A. C. S. and those who aspired to that label,

the business of the hospital rapidly fell off and it faced another of its series of financial crises.

The management of the hospital entered into negotiations to repair the severe commercial damage which the A. C. S. had inflicted on it. The A. C. S. demanded that the hospital's surgeons be ousted and replaced by other F. A. C. S. In January 1939, the chief of the surgical staff, who was one of the founders of the hospital, was ousted and his place given to one of the influential henchmen of the American College of Surgeons, Dr. Frederick W. Bancroft F. A. C. S. He was given the rank of surgical director, which means boss of the surgical business of the institution, and he brought with him a clique of friends who displaced other staff members. At the very next meeting of the A. C. S. in October 1939, the Beth David Hospital was "approved" and included in the list published in the New York City newspapers.

Among the surgeons whose ousting was required by the A. C. S. were the more reputable members of the hospital staff. The excuse offered was that they were honest enough to pay other physicians openly for services rendered them—"fee-splitting" the A. C. S. calls it. The surgeons with whom the A. C. S. replaced them do not pay directly or openly. The influence of the F. A. C. S. is powerful enough to compel the hospital and its staff to turn over its surgical business to them.

A number of phases of the situation emphasized its glaring character. The hospital was founded and supported by a Jewish sectarian group. The surgeons whom they accepted as the price of A. C. S. "approval" were non-Jews.

Among the surgeons originally on the hospital staff who were acceptable to the A. C. S. were a number of men who are notorious for their Workmen's Compensation insurance activities. One of them has been brought up repeatedly before state officials on charges of solicitation of business, fraud perpetrated upon patients, perjury, and others; and has been threatened with the loss of his license to practice. Though held in disdain, he is employed by Workmen's Compensation Insurance companies to do a lot of dirty-work.

Under the new regime, many casualties of industry, Workmen's Compensation cases, have been referred into the Beth David Hospital. Under the amended Workmen's Compensation Law, insurance companies are barred from influencing the choice of physician by the injured; but this does not mean that they can not arrange the appointment of surgeons in their employ to the staffs of hospitals to which the injured are sent.

An interesting phase of the background of this incident is the fact that Dr. Frederick W. Bancroft F. A. C. S. played a similar role, more than a decade prior in the capture of the Fifth Avenue Hospital from the homeopaths. He was ousted from his office on the premises of the hospital and from the position of surgical director and boss when the homeopaths re-seized the pirated hospital with the aid of the Wendel bequest.

F. A. C. S. GANG WAGE FIGHT FOR SYDENHAM HOSPITAL

One of the most malodorous hospital scandals that has come out into the

open in recent years, that illustrates the bitterness of commercial rivalry which the lofty pretensions of the American College of Surgeons mask, is the affair of the Sydenham Hospital of New York City. The hospital had been founded by some of the lesser rank medical politicians in conjunction with a group of business men. The doctors on the staff paid for their hospital jobs in proportion to their ranks by contributions and by the purchase of dinner and benefit tickets and their sale to friends, and by soliciting donations and bequests. In return they split among themselves the business lured by the hospital, each man fighting for himself under rules which barred no hold. Though some of the hospital surgeons were F. A. C. S. and the hospital was "approved," they were either sufficiently honest to pay for services rendered them by colleagues, i e. to "split fees," or were compelled to do so by competition.

When depression hit the medical profession with full force, medical politicians and gangs reached out to hijack and grab the business of less powerful rivals and their hospitals. It became the custom of the more powerful medical and hospital groups to seize control of competing institutions, oust the staff and to turn over the business to their lesser fry. These hospital raids were generally carried out under the banner of the American College of Surgeons on the pretense of "abolishing fee-splitting," and one of the weapons generally used was the threat of withdrawing "approval."

In line with this policy, the entrenched gang reached out and grabbed control of Sydenham Hospital and its business in 1938. Through the American College of Surgeons they threatened to withdraw "approval" of the hospital and to ruin its business unless they were given control of the hospital. They forced over half of the Sydenham's surgeons out on the charge of "fee-splitting" and replaced them with their "purse-splitting Fellows and their henchmen. The victorious medical clique counted in its ranks such "leaders" as Dr. Alfred M. Hellman, influential politician and president elect of the New York County Medical Society, who became the chairman of the hospital's executive committee; and Dr. David J. Kaliski, past president of the same Society and Director of the Workmen's Compensation Committee of the New York State Medical Society. Workmen's Compensation was one of the baits.

Friends of the ousted physicians withdrew their support from the hospital and it soon was run to the verge of bankruptcy. To regain the old supporters of the hospital, Gustavus A. Rogers, one of the original board of the hospital was made president of the lay board of directors. He undertook to put a stop to the high-handed procedure of the medical gang in packing the hospital with their henchmen and riding rough-shod over other physicians who had built up the hospital's business.

Illustrative of the "high moral, ethical and cultural level" which characterize all the dealings of the American College of Surgeons and of organized medicine was the widely publicized brawl at the mass meeting of the hospital's medical staff reported by the New York *World-Telegram* of January 10, 1940, as follows:

". . . the case of the physician charged . . . with 'brutally attacking' an-

other member of the hospital staff . . . breaking two of his ribs. Apparently this was an encounter between Dr. Hellman and Dr. Julius Jarcho, an attending obstetrician, at the hospital. There are various versions of what happened, one being that Dr. Hellman merely shouldered Dr. Jarcho aside, and another that Dr. Hellman used his fists with vigor.."

Dr. Jarcho was appointed chairman of the executive committee in Dr. Hellman's place, even though he did take the count. But the fight was "fixed" by the American College of Surgeons. Dr. Ralph Colp, the local head of the A. C. S. is reported to have threatened Dr. Jarcho with the loss of his F. A. C. S. if he did not surrender his chairmanship and join the insurgents. As this book goes to press, this hospital gang war, like many others, is still under way.

MONOPOLISTIC CONTROL FACILITATED BY HOSPITAL SURVEY

The monopolistic control of hospital facilities by the A.C. S. and its social service allies has been made complete and absolute in New York by the Hospital Survey. The Committee is completely dominated by organized social service and it allies, and in spite of its private character, has official standing. Its decisions determine whether a hospital shall receive public and charitable support; whether it shall be permitted to appeal to the public for funds; or whether it is to shut its doors or to continue to exist. As a consequence of its activities it can be expected that in the future the diversion of hospital funds will be channeled into the coffers of certain groups represented well on the Committee; and that the monopoly of hospital facilities and their use will be concentrated in the hands of their allies. Judging by past performance, profits rather than public interest will determine the future policies in an ever greater degree. The Rockefellers are represented on the Committee by Mrs. Winthrop W. Aldrich and David McAlpine Pyle.

WHAT THE A. C. S. COSTS THE PUBLIC

In still other manners than setting up a monopoly of surgery and upholding needless consultations, does the American College of Surgeons increase the cost of surgical care.

It has added to the mounting cost of hospitalization by requiring many wasteful items such as the keeping of needlessly elaborate records. It requires a multiplicity of "staff conferences" that tax the time of the profession and yield scant benefit other than the publicity derived from advertisement and from announcements, bearing the names of physicians permitted to present cases, that are mailed to the profession.

The gravest cost of the American College of Surgeons is the cost in human life. It is related elsewhere how organized medicine used all the machinery at its disposal to prevent the adoption of methods of treating ear and mastoid infections that would eliminate the need for mastoid surgery and to discredit a method of treatment of glaucoma that would wipe out any excuse for the blinding surgical treatment.

Operative scores, or statistics, required of surgeons and hospitals by the A. C. S. contribute heavily to its toll of lives. Though these statistics be innocuous in themselves, the consequences of the efforts of individual surgeons to hold down their scores results in numerous deaths.

When there is admitted to an "accepted" hospital a grave surgical case involving high operative risk and requiring the most skilled attention, there is a grand rush of surgeons, wishing to uphold their scores, to avoid the case unless it be lucrative. Three methods of escape are usual: either the case is turned over to a member of the intern staff to operate; or is left to die without operation; or is transferred to another hospital.

In either case the life of the patient is jeopardized by denial of the most competent attention available when it is most needed. Transfer is the method of choice in case of patients who appear to be dying after operation. So high is the rate of transfer in some institutions that it is hard to understand why their surgeons' scores should show any mortality; for the cases which die after transfer are not reckoned on the score of the transferring institution. The callous brutality involved in this traffic of the dying, beggars description and cries for a halt.

Such are the contributions of the American College of Surgeons and its allies—social service organizations and hospital associations—to "protection of the health and lives of the public."

CHAPTER XI.

THE PUBLIC VS. THE "CLOSED HOSPITAL"

THE RISE of hospitals to their present state of physical development has served to improve the care of the ill. Under modern living conditions, such as the small and crowded apartments of our cities, hospitals are essential for the care of the seriously ill. Many cases of illness can be cared for efficiently only in a hospital; for the hospital makes available many of the more complicated and cumbersome devices used in modern medical practice.

The very dependence of the public on its hospitals that compels it to accept what is given, makes the abuses which have grown up in them just so much more critical and less excusable. Nevertheless, it has become the custom of the public to veer away awesomely and foolishly from the dread topic of hospital abuses. The traditional attitude is:

> "We must have the hospitals in spite of their abuses. Since we do not know what to do to remedy the situation and no one who does know is willing to tell us, we may as well accept it and make the best of it."

This attitude of condoning the abuses merely serves to aggravate the situation. Therefore, I shall not discuss merely the dangers of hospital abuses, but also the remedies.

The nature of the work done by hospitals and the high physical state which some of them have attained has served to hide from public gaze some of the serious defects and abuses which have crept into hospital organization and management. But the discriminating patient can quickly discern that much is wrong in hospital and clinic organization. He feels that he is regarded merely as a cog necessary for the operation of the hospital machinery. If he has spirit and demands needed attention, he ranks as a nuisance. He feels that he is recipient of as much individual attention and interest as a bolt emitted from an automatic lathe. He is right in this feeling. In addition to the reasons which have been related, there are others that are rooted in the nature of the hospital rackets that account for it.

The hospital has become a business device for "mass-production," advertising and selling medical and surgical wares. Human values consequently may assume curiously distorted proportions in hospitals. Neither patient, physician, nurse or personnel count for much in the views of the present-day "closed" hospital administration. Its motto is: "Folks come and go, but the hospital goes on forever."

It is only when hospitals seek to lure funds from the public that there is any pretense of catering to it. The hospital is represented to the public as belonging to it. "Contribute to build *your hospital*" was the typical slogan coined by the clever publicity men that raised the funds for the

Columbia-Presbyterian Medical Center. The patient who has contributed to the hospital in response to the fraudulent plea that the hospital belongs to him and to the community, may well wonder on receiving his bill whether he is not being called upon once again to buy the hospital.

This phase of the hospital situation is thrown into sharp relief by a very pathetic case that has recently come to light. A wealthy contributor who had liberally endowed a prominent hospital, lost his fortune during the depression. He was refused admission by the very hospital that he had endowed because he could not pay its minimal charges. The high cost of clinic and hospital care gravely concerns many folks.

THE MONETARY COST OF CLINIC CARE

The monetary cost to the public of clinic care, in contrast to hospital charges, is often quite nominal. In municipal clinics no charge is made. In the voluntary hospital or pay clinics, the charges may range from pennies to dollars. In some of the Medical Center pay clinics charges are sometimes higher than in private practice. But the actual total cost in loss of working time and wages may run very high.

An illustration of this cost is case 58 of the One Hundred Neediest Cases reported by the New York Times in December 1927. The father of a family of three was required to attend a clinic each morning. As a consequence, he lost his pay for half days; and by exactly that sum he was pauperized. Public charity was called upon to donate that sum. The man might have had treatment at the hand of a physician privately at a time which would not have interfered with his work, and avoided pauperization. Eventually his clinic medical care made him a public charge.

A similar case is that of Leonard P. who suffered from a trivial disorder of the nose which he was told by the clinic physician required treatment twice a week. He was employed as a cook and earned a fairly good salary, but wished to save the relatively trifling cost of private medical care. To attend the free Bellevue Clinic he was compelled to drop work at midday and take off the balance of the day. As a consequence, he regularly lost his job and was more often unemployed than employed. In the end he became a public charge.

Many needless visits are required of clinic patients for mercenary and other reasons. It is established practice for cities to pay clinics for the care of charity and relief cases, a small sum for each visit. Most voluntary clinics extend little charity. Inasmuch as the physician is not usually paid for his services, these sums represent profit to the clinics and hospitals. Consequently, it is demanded of the doctor that he compel the patient to return often, however unnecessary that may be, in order that the sums collected by the institution may be larger. In addition, the larger the number of patients lured into the clinic, the greater will be the business lured into the hospital. Even in municipal clinics, the management and the social workers like to show ever increasing attendance to justify increasingly larger appropriations.

Every town has its army of clinic-bred paupers of the type above described. They do not stop to realize that in seeking cheap or "free" care,

they are losing their jobs and livelihoods. Hospital social service workers do not disillusion them, for they know that clinic attendance butters their bread. They feel that reference of these sick folks to physicians privately would be suicidal. Private practice furnishes no social service jobs; and it is therefore the avowed goal of social service to destroy private medical practice, no matter what the cost to the community. How little charity is extended in the clinics of the voluntary hospitals is indicated by the 1932 annual report of the Manhattan Eye and Ear Hospital. It shows that the hospital made a profit of almost forty thousand dollars on eyeglasses that it furnished its "charity" clinic patients.

HIGH FEES IN "CLOSED" HOSPITALS

It is tragic irony that "charitable" hospitals often mean financial ruin for the very individuals who have generously contributed to their building and support, when they require the services of the hospital. Instances of this can be found in almost any large city. In New York City, for instance, no one factor has contributed more to the impoverishment of Jewish families in normal times than the excessive charges for medical care in the very institutions which they build and support.

Most notorious is the case of Mt. Sinai Hospital. By adroit publicity and politics, it has built up for itself a reputation for quality of service and excellence of medical personnel that it has not earned or deserved for many years. When lured thereby to seek the services of the hospital and its staff, the subscribers who seek private care are often excessively charged; and cast out or thrown into the wards when their funds are exhausted. It might be said, with considerable justice, that the most serious disease affecting the Jewish folk of New York is "Mt. Sinaisitis."

The irony of the situation is intensified when such social service organizations as the Federation For The Support Of Jewish Philanthropic Societies aid and abet the establishment of rapacious "closed" hospital monopolies. Its complexion is not improved by the fact that physicians do not remain on the staffs of institutions that it supports, if they fail to contribute to the "charity" sums of money deemed adequate.

"CLOSED" HOSPITALS MAINTAIN HIGH COST OF SURGICAL CARE

"Closed" hospital monopolies, fostered by organized medicine, the A. C. S., and organized social service raise the cost of medical and surgical care to the public. They are not designed to foster either honesty or fairness nor do they protect the health and life of the patient. For they compel the family physician to surrender the care of his patient who enters a "closed" hospital and turn it over to the hospital staff and deny the patient the benefit of truly responsible and personalized care.

The surgeon's responsibility to the patient however is slight and his dealings sporadic and occasional. A surgeon's reputation is little affected by individual mishaps or deaths. Patients are forced into his hands by the "closed" hospital monopoly and must accept his services. He is protected by the code of secrecy to which members of the staffs of "closed" hospitals

are pledged. There is no better way of covering up needless criminal or careless surgery than to perform it in a "closed" hospital.

"Closed" hospital staff members generally charge patients highly for their monopolistic services. They also do their best to wean them away from outside family physician who loses caste by being excluded from the hospital and the care of his patient. If and when the patient is returned to the family physician he is often so stripped of funds that he cannot pay for further services required.

The interest of fairness to the patient and his family would be served if they were given an all-inclusive fee for operative services which they might prepare and budget. That fee should include the charges for the very real services rendered by the family physician to both the surgeon and the patient, such as making the initial observations and diagnosis, inducing the patient to seek the surgeon's services, arranging the fee, attending the operation, watching over the aftercare and following up the results. This should be done openly and with the cognizance of the patient.

Such a plan implies the continued care of the patient by his family physician in the hospital. This means elimination of the "closed" hospital monopolies. There would result protection of the health and life of the patient and a material reduction in surgical costs.

The relatively high cost of surgery to the American people is amply attested by the report of Lee K. Frankel to the Committee on the Cost of Medical Care. This report indicated that the average cost of medical care among 2,678 families was $37 for a half year. The average cost of surgical care in 212 families was $74 exclusive of hospital expenses for the same period. In other words, the average cost of surgical care was found to be twice that of medical care.

The monopoly of surgery established through such agencies as the "closed" hospitals and the American College of Surgeons contributes largely to the high cost of surgical care. But it is by no means solely responsible.

THE VENERATION OF THE AMERICAN PUBLIC FOR THE SURGEON AND FOR SURGICAL PROCEDURE AND THEIR WILLINGNESS TO PAY HIGHER FEES FOR SURGERY, ARE FUNDAMENTAL REASONS FOR MUCH NEEDLESS SURGERY AND FOR THE HIGH COST OF OPERATIONS IN MONEY AND LIFE.

THE HIGH COST OF HOSPITAL CARE

Needless hospitalization costs the public heavily. The physicians and surgeons who are given monopolies of facilities by "closed" hospitals are expected to boost its business and keep its beds filled. Since it is a convenience to busy practitioners to have their patients concentrated in hospitals, instead of having to visit them in their scattered homes, they are not at all loath to impose this item of unnecessary cost on their patients while boosting the patronage of their hospitals.

The exorbitance of the "closed" hospital charges becomes more apparent from a comparison with those of the commercial, proprietary, or private hospitals. These hospitals are privately financed and built, and are operated for the frank purpose of netting their owners a profit. The contrast is sharp.

In the great majority of "voluntary" hospitals interns and nurses-in-training receive little or no pay. Pay, and working and living conditions of the other workers are so unbelievably poor that even their unionization has not succeeded in New York in bringing the average wage level up to fifteen dollars per week. The hospitals which continually appeal to the charity of the community and play on its gullibility, show little or no charity in these dealings. The social service workers and superintendents, alone among the workers in the hospitals, are amply or munificently paid.

Barred by law from showing a profit, these hospitals generally manage to show a deficit on their books. They are built and exist on the charity and philanthropy of the community, continually begging funds. Though they often extend little or no charity to the public, they are exempted from taxation and are subsidized by the taxpayers as "charitable institutions."

PRIVATE HOSPITALS OFTEN SUPERIOR AND SHOW PROFITS

The modern private hospital is a high class hotel for the sick. It receives no endowments or contributions from the public. It is erected on valuable ground which is purchased for the purpose. The construction is generally luxurious, fire-proof and ultra-modern. It is expensively and comfortably furnished, and its appointments are the best. The equipment is complete and the last word in modernity. No expense is spared to insure the safety, comfort and well-being of the patients. They generally pay their help better wages than do the voluntary hospitals, and hire help of higher calibre. Unlike the voluntary "closed" hospitals, they pay taxes. Nevertheless, private hospitals generally charge the patient less for the same calibre of service and accommodation. And when properly managed, they generally show excellent profits.

The public has discovered that the cost of the superior accommodations of the private hospitals is less than in the supposedly "charitable," voluntary hospitals, and the treatment better. The patient in the private hospital is not called on to surrender his rights as a man and as a citizen. He is allowed to freely choose the physician to whom he will entrust his care. The patient is not denied the trusted, competent, and reasonably priced services of a physician of his choice as is the case in the voluntary hospital merely because that physician is not a member of a monopolizing clique.

In many communities the voluntary, "closed" hospitals have been able to hold their own against the competition of the private hospital only with the aid of the corrupt powers of the A.C.S., A.M.A. and social service allies.

It is not surprising that the private hospitals show good profits when properly managed and times are propitious. They are merely hotels for the ill. Though the menage of good hotels is even more luxurious and expensive than that of a hospital, they generally manage to show good profits when well patronized. Not even the plea of expense of special hospital equipment can be interposed as an item that imposes higher costs on the hospital; for many modern hotels have completely equipped hospitals on their premises for the use of their guests and for the help. It had become the custom of many

physicians in cities such as New York to refer their operative patients to hotels for superior hospital service at lesser costs. But the hospital lobby stopped this devastating competition by prevailing on the licensing authorities to deny licenses to hospitals maintained in hotel premises.

DEFICITS OF VOLUNTARY HOSPITALS NOT DUE TO CHARITY

The surprising feature of the situation is that the voluntary hospitals can manage to show such large deficits in spite of their exorbitant charges.

When questioned on the matter, hospital authorities point to their "charity work" as a justification for the losses. But the voluntary hospitals generally extend little charity to the community which it does not pay for. The ward cases either pay an average of three and a half dollars a day for their hospitalization, or the community pays it for them. When no payment is available, the voluntary hospitals transfer the cases to public hospitals, often at grave risk to health and life. The relatively small amount of occasional charity extended by institutions is outbalanced by the charitable contributions obtained from the community by appeals and "drives."

Charges made by the voluntary hospitals for services in their wards should not involve any loss to the institutions if they were efficiently and honestly managed. This is made apparent by a comparison with the charges made in the second rate and the workmen's hotels. In hotels of the latter class, a modestly furnished room and three meals a day which are adequate for a healthy man, may be had at one and a half to two dollars a day. For a bed to sleep in, three simple, meagre meals a day, medicine costing a few cents, and the moiety of service which costs them little or nothing, the hospitals of New York and of other cities charge the ward patient from four to six dollars a day; and they cry that "charity" is exhausting their funds.

HOSPITAL SERVICE PLANS NOT ADEQUATE SOLUTION

"Hospital funds," which offer group hospital care for fixed annual charges in many cities, have partly solved for some of the public one aspect of the problem of hospitalization cost. But none of these plans provides for the largest item in the cost of illness—private nursing care. Partial breakdown of the hospital plan in New York City, which has resulted in cancellation of many contracts in 1939 and modification of others, indicates that more fundamental remedies are necessary. The situation is further aggravated by the custom of hospitals of imposing excessive charges for "extras" on the "hospital service" cases. The hospital funds also exclude from participation persons over the age of sixty-five years, leaving the hospital problem completely unsolved for this growing group.

"Hospital fund" plans, however, do aggravate the problem of the cost of medical and surgical care. For they have enabled the tottering "closed" hospital system to survive, and have saddled on the public the high costs of medical and surgical care which its monopolies foster. This will become even more intensified if the American College of Surgeons, the A.M.A. and their social service allies, who are powerful influences in these plans, succeed in their efforts to restrict the benefits solely to "approved" hospitals.

The solution of the problem of hospital costs rests primarily in the elimination of dishonesty, corruption, and rackets—in honest administration.

CLINIC TOLL OF HEALTH AND LIFE

As a result of concentration of the ill, and the crowding together of the non-infectious and undiagnosed infectious and contagious ailments, the clinic often serves as a focus of spread of infectious and contagious disease. A child taken to a clinic with a minor ailment may readily return home with the beginnings of scarlet fever or measles.

Even thoughtful laymen can appreciate this potential menace to public health. The Grand Jury of the Bronx, on the 28th day of November, 1937, handed up to Supreme Court Justice Tierney a presentment charging that the clinics of the Bronx were a focus of spread of contagious diseases.

Tragic delay in diagnosis and treatment of ailments often result from clinic organization. An instance is cited in records published by the New York City Health Department in 1928, in a survey of deaths due to diphtheria that were observed in the contagious disease hospitals of the city. The case reads as follows:

> Diagnosis was not made on a child suffering from very early stages of diphtheria in the clinic of a hospital. When the child was returned on the following clinic day, two days later, advanced toxic diphtheria was obvious. The child died shortly after admission to the hospital.

A physician in his private practice would have continuously and repeatedly observed the child. Clinic organization made this impossible and was responsible for the death.

The barrier offered to follow-up of patients by clinic organization, the resultant irresponsibility of care, and its menace to health and life are freely acknowledged by even the staunchest advocates of the clinic system. The United Hospital Fund of New York stated in its 1927 report that the care given the public in clinics is not thorough. This is a mild statement of the situation, as will be discerned from the following case:

> A. G., a man about 24 years of age; occupation, bricklayer; earnings ten dollars per day plus overtime. Admitted to clinic with infection of a finger. After the finger was dressed, the surgeon hesitantly told him to return on the following clinic day. The surgeon hesitated because he faced a dilemma. He realized that though the infection was slight, there was a possibility that it might spread rapidly. Though under the rules of hospital admission there was no justification for immediate admission, the hand should be watched twice a day. The surgeon would have been glad to refer the patient to his office for observation without charge; but by the rules of the clinic he was barred from so doing.
>
> When the patient returned to the clinic on the second day following, he presented an angry infection of the hand and forearm which necessitated immediate amputation of the hand. This amputation might have been avoided if the victim had had adequate attention during the first two days of illness.

This case is one of many which may be found daily in the clinics of any large city. It constitutes criminal neglect and gross malpractice; but under the law of most states both doctor and clinic are immune from prosecution. The tragedy to the individual and his family is an outcome of neglect forced by the very nature of the clinic and of its rules and regulations. Such cases impress forcibly the fact that the most valuable item which the patient may require and secure from his physician is his personal care and the solicitude which accompanies the sense of individual responsibility. This is barred by clinic and institutionalized practice of medicine.

Nothing is more false than the idea that clinics offer a physician experience superior to that of private practice. The reverse is the truth. Clinics generally breed in their physicians habits of haste, inaccuracy and negligence. For the clinic doctor is a cog in the machine of medical "mass production." He is not paid for his services, is denied any voice in the management of the clinic, and must submit to the indignity of punching a time clock. His clinic hours are determined by those of the paid porter.

The clinic doctor, like the hospital attending, is the counterpart of the laborer on an assembly line. He is required to specialize and treat only a single organ or disease. In order to secure his appointment, he must be a man who is trained in the specialty. Since most clinics are woefully under-equipped, he must furnish needed equipment at his own expense and risk.

Clinics generally require of their physicians that they see, and make at least a pretense of examining and treating all the "customers" before the clinic closes. Closing hours are determined by the hours of the paid personnel. Hurried and careless work is generally forced upon the physician. Often the pressure of work taxes the endurance and mental poise of the physician, which is so requisite for careful, thoughtful work. The very nature of clinic organization forces neglect and deception of the patient. Under these circumstances, the physician learns little more than careless, hurried methods of work which become fixed habits. It is idle to expect anything but negligence and malpractice of the clinic physician.

"CLOSED" HOSPITAL SACRIFICES

The most significant element in the cost of "closed" hosiptals to the public is the sacrifice of human life. Though medical advances have improved the calibre of medical care and increased the expectancy of life, often patients fail to derive benefit from them in many "closed" hospitals. This results from the very faults that are inherent in the "closed" hospital systems.

The medical boss is expected to lure or drag his patients into his hospital, especially if they are wealthy or if the case involves much publicity. Not infrequently this is done at the expense of the patient's life. A notorious case of this character was that of a wealthy Long Island polo player who was thrown from his horse and suffered from a fracture skull and intra-cranial hemorrhage. He was taken to a local hospital. If he had been a poor man he would have been left there to rest and would have had an excellent chance to make an uneventful recovery. Instead a prominent professor of brain surgery from a nearby Medical Center was called in. He hastened to rush off his prize to his

Medical Center. As might be expected, the jouncing sixty-five mile ride to the Center was too much for the patient. He died, a victim of the "superior" medical care which his wealth and prominence inflicted on him.

Authorities agree that in some types of cases hospitalization means an added risk of life to the patient. This is especially true in obstetrical cases, in which the risk of acquiring puerperal infections is intensified in hospitals.

Few "closed" hospitals have medical staffs large enough to care adequately for all of their patients, because of the desire of dominating cliques to restrict and monopolize the use of their facilities. Rather than dilute their monopoly by permitting competent outsiders to care for the patients in the hospital, the staffs turn them over to untrained, inexperienced and often unsupervised interns. The opinion of these selfsame hospitals of the competence of the interns whom they entrust with the lives of patients is made clear by the fact that after they have graduated, they are denied for many years the privilege of performing in the hospital the operations which they performed as interns, on the ground of inexperience.

To the public, the "closed" hospital cliques pretend that their object in excluding the outside physician is the protection of health and life of the patient. The falseness of this claim is obvious. When no members of the staff are available, the patients of the "closed" hospitals are forced to accept the services of inexperienced interns even for dangerous operations rather than permit the outside physician, no matter how experienced he may be, to render competent services.

The lives of others have less value to merchants-in-medicine than their business monopolies.

This endangering of life for commercial advantage is an almost universal custom in the "closed" hospitals of the country. A prominent surgeon, Dr. A. J. Rongy F.A.C.S., has stated that over 50% of the cases on his service were operated by interns with or without adequate supervision. He stated that the inexpertness of the operations and the prolongation of the anesthesias spelled a grave risk to the health and life of the patients. This surgeon's accusation was amply confirmed in Commissioner Higgins' Kings County Hospital report which already has been mentioned.

The toll of death and disability due to the inexperience of the intern often is accentuated by the tremendous volume of work forced on the personnel. In many larger hospitals interns are compelled to work from twelve to eighteen hours a day; and in case of emergency they may be compelled to work a day, or more, without sleep. Nurses are also compelled to work sometimes for comparable periods. Fatigue of hospital workers contributes to the toll of human lives in hospitals.

DEATHS IN THE AMBULANCE SERVICE

Malpractice and error of diagnosis occur with especially high frequency in connection with ambulance services. Rarely do these cases attract any attention except when they form the basis of social service propaganda. They are so common-place that the newspapers do not favor them as news. In the early years of the depression, the social service forces conducted a publicity

drive for the support of the ambulance services of the voluntary hospitals in New York City. As a result, some cases of negligence of ambulance surgeons were published in the press; they became "news" solely because of the activities of the social service publicity men.

On December 8, 1931, the New York *Journal* reported that Clark Starbuck was treated at a hospital for a supposed laceration of the scalp and discharged. One hour later he collapsed and died at the Mt. Sinai Hospital from what was later discovered to be a fracture of the skull.

On January 1, 1932, the New York *Times* reported that John Mulqueen died in the East 126th Street Police Station, shortly after he had been refused as a patient by the Harlem Hospital ambulance surgeon.

On January 18, 1932, the New York *Times* reported that Robert Francis was discharged from the Fordham Hospital, with a diagnosis of mere lacerations after being struck down by a truck. Promptly after returning to his home, a summoned private physician diagnosed fractures of the skull, arm and leg.

The individuals described as the "ambulance surgeons" in these cases were, as usual, young, inexperienced and unpaid interns working under high pressure, for long hours, risking life and limb in the service. The failure of correct diagnosis was not their fault, but the fault of a system which forces inexperienced youngsters to do work which would often tax the skill of a veteran physician. Nevertheless, in all the publicized cases the young interns were made the scapegoats of the system and their records and reputations damaged.

It was not until September 1933 that interns at Bellevue Hospital summoned up sufficient courage to rebel against being made the scapegoats of the ambulance system. They protested against the suspension and reprimand of two of their number for fatal errors in diagnosis on ambulance calls.

One of the cases was Edward J. Sullivan, whose condition was diagnosed by the intern as "alcoholic gastritis." At death intestinal obstruction was found.

The other case, Norman Frankel, involved two interns who, on three successive ambulance calls over a period of twenty-four hours, persisted in diagnosing what proved to be a ruptured appendix as a mere stomach ache.

One can well understand the resentment of the interns on being made the scapegoat of the publicity attending these cases. In every large hospital with its mass production system, such cases are commonplace even at the hands of experienced staff physicians.

DEATH IN THE HOSPITAL

The attitude of the hospital authorities to the death-toll from negligence is one of supreme indifference, if it involves no publicity. They receive no publicity and are accepted as a part of the daily routine.

I recall an experience which illustrates this attitude. While in my third year at medical school, I was asked by a friend, a young intern at Bellevue Hospital, to substitute for him during his leave of absence. Though my knowledge of medicine was as scant as that of any third year medical student, I was entrusted with the care of a large ward of surgical patients.

One night I was called, after a long and hard day, to quiet a noisy, obstreperous and delirious drunk who had been admitted with a fracture of the thigh. I ordered the nurse to administer a fairly large dose of paraldehyde.

About two hours later, I was again awakened and told that the patient was once again disturbing the ward. I ordered another dose of paraldehyde.

About five o'clock in the morning, I was summoned to the bedside of the patient who was comatose and in collapse. The cumulative effect of the alcohol and the unwisely large doses of paraldehyde had been too much for him.

I promptly administered oxygen and artificial respiration and continued it over a period of four hours. At the end of that time, the patient was resuscitated and I was exhausted.

When I went down to breakfast, I was chagrined to find myself twitted and derided by superiors for having concerned myself about the possible death of an old drunkard. A death more or less in that mass of ailing humanity meant little provided it did not show in the operative mortality score.

Loss of life or impairment of health resulting from the high pressure of hospital and clinic work, accident, carelessness and negligence is quite commonplace in institutional medicine; the hospital code of secrecy hides them and rarely do they emerge into public notice. The attitude of hospital authorities toward deaths of this type is a pose of severity in the few chance cases which receive publicity. They stage a tremendous indignation which vents itself on intern, nurse or other subordinate, who is made the scapegoat; and a career is damaged or ruined. It is interesting to recall a few of the cases which have been given widespread publicity in the press of the nation because they served the purposes of the dominant cliques in medicine and social service.

NEW YORK HOSPITAL-CORNELL MEDICAL CENTER DEATHS

Three infants were put to death at the New York Hospital-Cornell Medical Center, in December 1932, by the injection of boric acid into their veins. An overworked nurse had injected the acid instead of salt solution ordered by the doctor.

Dr. Eleanor Conover, director of the Hospital Information and Service Bureau, a social service publicity bureau whose function it is to propagandize hospitals and clinics, told the press that accidents and errors are rare in hospitals. She said:

> "The nurse who has made a serious mistake is no more granted another chance than the captain who has lost his ship. The patient who submits to treatment in any reputable New York hospital has the assurance that none of the nurses who will attend her have been found guilty of negligence to date."

More truthfully, Dr. Charles Norris, then chief medical examiner for New York City, informed the public

"Something like this happens every two or three years."

He referred to the matter coming to public attention; not to the rate of incidence of such accidents. Anyone can realize that persons who are overworked and tired are certain to make errors. There is an inevitable toll of mass production and fatigue in hospitals and clinics.

SOME OTHER HOSPITAL DEATHS

Four infants were asphyxiated by steam in the nursery of the Perth Amboy General Hospital, on October 23, 1939. According to the statement the hospital, a steam valve with worn threads had been affixed to a radiator in the nursery with adhesive tape. Immunity of hospitals and clinics from liability for negligence contributes to the frequency of such incidents.

Some of the truth with regard to the conditions in "closed" hospitals began to leak out after the hospital personnel were afforded protection in tenure of position, in 1936, by organization into labor unions in the municipal hospitals of New York City. Thus Miss Marion Martin appeared for the hospital nurses before the Board of Estimate in October of that year. She revealed that in Harlem Hospital, during the month prior, nineteen babies died of infantile diarrhea while one nurse cared for fifty of them.

Occasionally, sensational cases leak into the press. Such a case was reported from Elizabethton, Tennessee, several years ago. Two surgeons who were intoxicated and in no condition to operate undertook to remove the appendix of a youth. After fumbling about, they closed up the abdomen, leaving the patient to die as a result of their malpractice. At autopsy, the coroner removed a perfectly normal appendix.

Though the above-cited case is extreme, operations by surgeons who are not in fit condition are almost regular occurrences under our present system of medical and hospital organization. The chief of service in the "closed" hospital is absolute monarch in his domain, and no subordinate who values his job or reputation dares question the sobriety or state of competence of the "Chief."

MASS PRODUCTION IN HOSPITALS MEANS DEATHS

Overwork of staff physicians and surgeons who seek to care for all the cases that their hospital monopoly brings them also accounts for much malpractice. For they are not robots. They have, like other human beings, their "below par" days. Seldom does it happen, however, that a surgeon refuses to operate, or turns his work over to a colleague, because he does not feel fit. This would be regarded as evidence of inefficiency in a Medical Center or "health factory." There have been surgeons who have jeopardized their own lives, and collapsed and died in the midst of an operation, rather than yield to another. Whipped on by the "mass production" machinery of the hospital, surgeons attempt to work on schedule as operative robots.

The organization of medical service for mass production — whether it be by the state or by social service agencies, whether in clinics, hospitals or medical centers — is inevitably signalized by a heightened disregard for the value of human life. In the mass production of objects, spoilage of a certain

percentage of production is taken for granted. Accuracy is sacrificed to speed. The imperfect or damaged product is cast aside. But in the "mass production of health," spoilage means maiming or death of humans. "Mass production of health" readily translates itself into "mass production of disability and death."

The ultimate victims of the hospital rackets are the public, who pay the bill doubly in the "closed" hospitals. They often are compelled to surrender their rights as men and as citizens, and to permit themselves to be robbed and maimed, in order to enjoy the facilities of the very institutions which they support.

DOCTOR-PATIENT RELATIONS VS. HOSPITAL IRRESPONSIBILITY

Regard for human life should dictate painstaking and careful personal care of the ill. But the social service clique and merchants-in-medicine equally pooh-pooh the personal element in medicine. One can understand their attitude when one regards it in the light of self preservation. An organization of the medical profession for careful and reasonably priced medical care provides no fat incomes for parasitic social service workers; and it also provides no immense and supremely lucrative incomes for individual physicians and surgeons.

In the private medical practice of the average physician a respect of human values, the health and life of the patient, is compelled by commercial considerations if it be not by humanitarian. If the physician be not excessively busy and hurried as are some "merchants-in-medicine," he treats the patient as an individual and not as a case; each individual patient assumes for him a human as well as financial significance. The law, financial interest and other considerations impose on the physician a high sense of personal responsibility. The disablement or death of a patient under circumstances which raise the slightest suspicion, however unjustified that suspicion may be, spells damage to reputation, loss of income and legal liability.

So heavily does this responsibility and its sense weigh upon the rank and file physician that there have been cases in which physicians have been impelled to commit suicide by the accidental death of a patient arising out of treatment. It is in part the anxiety which arises out of this, as well as the moral responsibility for the patient, that accounts for the high incidence among physicians of the dread and deadly heart disease, angina pectoris.

The clinic and hospital, and often the private practices of medical "leaders," are organized for continuous working of the personnel under intense drive and pressure for "mass production." Not even the legal responsibility, that weighs down on the average physician in his practice, exists in these forms of practice.

Though the medical "leader" is theoretically as liable under the law as any other physician of the rank and file, his responsibility for the patient under the law is far less real. For under the interpretation of the law, a physician who treats his patient in accord with "accepted practice" is free of liability even though that "accepted practice" be a clearly demonstrable

cause of disability and death. The "medical leader" is the arbiter of "accepted practice."

Legally, life loses value as soon as the patient passes into the portals of the hospital. Under many circumstances, virtual murder may be committed entirely within the law and with absolute impunity in the hospital and in other forms of institutional medical practice.

In the "closed" hospital all safeguards that serve to protect the health and life of the patient in private practice are wiped out. This is especially true in the case of the poor charity patients in the municipal and voluntary hospitals; their cases do not even present a commercial interest to the staff physicians.

The "closed" hospital with its "closed" staff, its bond of common interest and its stringent discipline, makes possible and enjoins secrecy in regard to mistreatment and malpractice. Falsification of hospital records to protect the hospital from even a suspicion of such abuses is not an unknown practice. The difficulty that interested parties have in gaining access even to the hospital records thus "doctored" is well known to any practicing attorney.

LAW AND THE HOSPITALS

To cap the climax, the law, in most states, absolves the hospital of any legal responsibility for malpractice perpetrated upon its patients. If it has exercised "reasonable care" in the selection of its personnel, which means if the doctors and nurses on its staff be graduates, no matter what injury may be done the patient as a result of defects of hospital management, the hospital is exempt from liability. "Charity" patients are also barred in many states from any claims against hospitals as a result of hospital and clinic negligence. It has become the custom, in those states, for voluntary hospitals and other institutions to parade as "charities" though they do little or no charity work, by meeting the scant requirements of the welfare or charity law, in order to avoid legal liability for negligence. There is an added inducement, in most communities, for this act in the provision of tax exemption, and sometimes public grants, for hospitals which register as charitable institutions. Even in cases in which there does exist legal liability for negligence of the hospital, awards are seldom granted the injured, so great is the aura of "charity" about the hospital.

The removal of legal check against negligence of hospitals is a menace to the health and life of the public. There is no justification for granting to any group in the community exemption from the laws safeguarding human life. Particularly should these safeguards be preserved in hospitals and clinics, where life so often hangs in the balance, and where even minor neglect of the patient can accomplish murder. A draught of air playing upon a patient rendered unconscious, by anesthesia or narcotic, may induce pneumonia and death. Error or overdosage in medication may accomplish murder with little suspicion of foul-play. The possibilities of injury to health and loss of life by real or simulated negligence in the hospital are innumerable.

The law on negligence and malpractice and all other phases of the law leave absolutely no justification for the exemption of institutions from negli-

gence liability. Liability for negligence by the hospital perpetrated through its nurses or its other agencies is placed squarely upon the shoulders of the physician in charge of the case even though he may be unpaid for his services and denied any voice in the appointment of the nursing or other personnel of the hospital.

Patients burned by excessively hot bottles of water applied by the hospital nurse have sued their doctors, who were in no wise directly responsible for the deed or the resultant injury. The physician, in such cases, found himself facing malpractice suit and damage to reputation and livelihood even though his own treatment of the patient was faultless and rendered absolutely free of charge.

The extent of the negligence and abuse suffered by patients in "closed" hospitals is unbelievable in some cases. A classical instance is that of the A. C. S. "approved" Kings County Hospital of Brooklyn. Brutal assaults upon helpless patients by orderlies and attendants brought to a head smouldering public resentment against the shameful and horrible conditions prevailing in the hospital.

DOCTORS VICTIMS OF "CLOSED" HOSPITALS

The public, in its resentment at the hospital rackets, has placed the blame for them on the medical profession as a whole. In this they have been entirely wrong. For the medical profession at large has been as much victimized by the dishonest "closed" hospital system as has the public.

The rank and file of the medical profession has suffered doubly. They suffer in the role of patients. For the hospital seldom extends to the doctors either grace or mercy in the matter of costs. They also suffer in the role of physicians. High hospital costs force the public to accept the "charity" of the hospital wards; and physicians generally receive no fees for the work done in the wards. The monopoly of the facilities of hospitals results in unfair competition by the merchants-in-medicine with the rank and file of the profession.

CHAPTER XII.

"OPEN" HOSPITAL—A REMEDY

THE remedy for the "closed" hospital and allied rackets is obvious and simple. It consists in the elimination of hospital monopolies and their conversion into "open" hospitals.

The "open" hospital gives the patient complete freedom of choice of physician from the ranks of doctors licensed to practice. Competition, made possible by freedom of choice of physicians, puts an end to exorbitant fees and charges demanded by the merchants-in-medicine and the hospital bosses. The patient is no longer forced to content himself with neglect and medical treatment of inferior calibre in order to secure the advantages of hospitalization. No longer is he robbed by numerous needless consultations, the object of which is often solely the physician's desire to retain or purchase hospital position. No longer are the health and life of the public subject to the convenience, whims and caprices of a monopolizing group of merchants-in-medicine.

SENATOR COPELAND ENDORSED "OPEN" HOSPITAL

The advantages to the patient of the elimination of the racketeering "closed" hospital system and its replacement by an honest "open" hospital regime were made clear by a letter written, on October 1, 1926, by the late Dr. Royal S. Copeland, U. S. Senator, Professor of Ophthalmology of the University of Michigan and of the Flower Hospital Medical School, and former Commissioner of Health of New York City, for publication in the Medical Alliance Review. Senator Copeland wrote as follows:

> "I have always believed that the hospitals should be more generally used by the medical profession. At many times hospitals have closed wards to the detriment of the profession and of the public.
>
> ". . . There should be worked out some method by which a reputable physician could take a patient to a nearby hospital. I recall an experience of my own. A patient came to me for an operation for a cataract. He lived right next door to the hospital. When I asked the privilege of operating that patient in that hospital, I was told it was impossible because they had a "closed" staff. This poor old man was obliged to come way over to Manhattan to a hospital where I operated, in order that he might have an operation which could have been done in his very door-yard. I hope some way may be worked out by which hospitals may be given a greater usefulness, by permitting the profession generally to make use of them.
>
> "Cordially yours,
>
> "ROYAL S. COPELAND"

COM. GOLDWATER ENDORSED "OPEN" HOSPITAL

Senator Copeland drives home by illustration some of the significance to the public of the "closed" hospital racket which is expressed in a more abstract form by an authority on the hospital problem, Commissioner of Hospitals of New York, Dr. S. S. Goldwater, who wrote as follows:

> "The key to nearly everything that makes for efficient medical practice today is in the hands of the hospitals. Their duty is plain—*they must open wide the door of opportunity,* so that the entire medical profession may enter in, for the fruits of medical progress belong of right to the many, not to the few."
>
> "It is to the credit of the open hospital that it brings into touch with an organized medical institution many physicians who under a more restricted or exclusive hospital system would be deprived of those helpful and stimulating medical contacts without which they are in danger of deteriorating in medical knowledge and proficiency."

The political pressure of the medical and social service rackets has led Commissioner Goldwater to forget to put his theories into practice in the hospitals of New York City.

COM. HARRIS ENDORSED "OPEN" HOSPITAL

Former Commissioner of Health of New York City, Dr. Louis I. Harris, aptly depicted the significance of the "open" hospital reform to the public, as follows:

> "The public is entitled to the highest type of diagnostic skill and treatment that are available.
>
> "Now, if the hospital facilities in any community be monopolized by small groups, then an array of doctors must, willy-nilly, carry on their bedside practice in thousands of homes without guidance and without the benefits of that diagnostic equipment and intellectual knowledge which services in the hospitals give.
>
> "The public have much to complain about in this situation.
>
> "The public have a very peculiar interest when it is treated by a great army of doctors who are denied the opportunity to acquire skill in diagnosis and treatment because hospitals are closed to them.
>
> *"It is necessary, therefore, to have hospital privileges 'open' to all physicians in the community."*

SEC. BAKER CALLED "CLOSED" HOSPITALS USURPATIONS

The late Newton D. Baker, Ex-Secretary of War, on the Wilson Cabinet, pointed out that hospitals which are tax-exempt and solicit funds from the public are the property of the public and that their private management and monopoly constitutes a usurpation of public function. He urged that these hospitals be operated as publicly owned utilities for the benefit of the public.

The merchants-in-medicine, the A. M. A. and the A. C. S., are bitterly opposed to the "open" hospital system. It would mean an end to their monopoly of hospital business. Without that monopoly they would no longer be able to extract from the public extortionate fees. They would also lose the se-

lective advertising which the hospitals now give them. Their business would suffer severely; and that is one thing that the medical merchants cannot stomach.

As might be expected, all types of false and specious arguments in defense of the "closed" hospital and in attack on the "open" hospital have been made by medical bosses and organizations. Foremost among these fallacious defenses is the pretense that the "closed" hospital protects the patient and his life.

PUBLIC INTERESTS DEMAND "OPEN" HOSPITALS

If the hospital bosses were really sincere in their pretended desire to protect the health and life of the public, they would "open" their hospitals to all the physicians of the community and their patients. Especially would they "open" their hospitals to the physicians whom they pretend are not adequately competent. For those physicians are licensed to practice medicine and do render services to the ill in their offices and in the patients' homes under difficulties, without check or supervision. If they were invited, or induced, to bring their patients into the hospitals, their work could be watched and supervised, and the patients protected.

Another argument advanced against the "open" hospital is the allegation that it cannot be efficiently administered. This is belied by the hundreds of "open" hospitals in all parts of the country—in large cities and in small towns—that are efficiently providing hospitalization for the public. Many of the leading hospital administrators, one of whom has been quoted, are among the staunchest advocates of the "open" hospital system.

The conversion of the hospital monopolies of the country to "open" hospitals is entirely within the power of the public. The public should repossess themselves of their hospital property and convert it to their own use, instead of permitting it to be monopolized and used against themselves. By increasing the number of effectively available physicians for service to it, under the oft superior conditions offered by properly administered and utilized hospitals, the public would assure itself of responsible and competent services at reduced costs.

For protection of the health and lives of the public, the provisions of the law which shield hospitals against the consequences of negligence should be eliminated.

These reforms would be as welcome to the rank and file of the medical profession as they should be to the public; and they would redound to the benefit of all concerned. The hospital would become an institution for the rendition of considerate, personal and responsible care to sentient human beings instead of a medical and surgical factory.

Barring aid from the hospital funds or from the government, the monopolistic "closed" hospital system is on its last legs. It has been dealt a knock-out blow by the depression and by the growth and recognition of private hospitals and sanitaria. This is the true significance of the petition of the Committee of 430 which was falsely publicized as a plea for the reduction of the cost of medical care to the public. The petition actually constituted

a plea to the government by a group of dominant medical merchants to prevent injury to their businesses which would result from bankruptcy of their "closed" hospital monopolies, by governmental subsidy of the monopolized hospitals.

The signers of the petition were some of the "leaders" of the "closed" hospital monopoly. Instead of seeking to reduce the cost of medical care to the public, this group of supposed "revolters" are merely seeking a perpetuation of their hospital monopolies for further exploitation of the public.

If the public will take full advantage of the financial embarrassment of the hospital which gave birth to the plea of the Committee of the 430 bosses of medicine, it will force into bankruptcy the "closed" hospital system and destroy it.

There should be no difficulty in the community taking over the voluntary hospitals. It has built and supported them by its contributions from both private and public purses. By tax exemption alone, the community presents these hospitals each twenty to thirty years with a gift equal to their entire value. In its 1940 budget, for instance, New York City is providing over four million dollars for payment to voluntary hospitals for the care of the indigent. Obviously these hospitals are rightly the property of the public and can be repossessed from their usurpers with little legal formality.

CHAPTER XIII.

THE SPECIALIZATION RACKETS

THERE is a popular definition of the word specialist that with much truth aptly describes medical specialization. It reads:

> "The specialist is a person who knows more and more about less and less. The perfect specialist therefore is the man who knows everything about nothing."

For a long time it has been said that medical specialization is the outcome of the vastness of medical science. This is false. For medical science, in the sense of pertinent facts actually known about man and his diseases, is very limited. It can be readily mastered in a relatively short time. The limitation of the science of the medical specialties is in some instances almost grotesque.

The specialists in skin diseases specialize in a field that lies on the surface of the body. Nevertheless nothing basic or fundamental is known to medical science about the skin; and little more is known by the dermatologists about its diseases. Nothing is known concerning the true nature and cause of such common skin diseases as psoriasis, except that the administration of chrysarobin ointments may sometimes clear up the lesions temporarily. But they invariably recur, for no known reason.

The specialty of dermatology consists principally of hurling names at diseases—some of them bad names, but invariably a multitude of names. An assembly of dermatologists can get very excited about flinging these names. But in many cases they can do little or nothing to relieve the patients' ailments.

The nose and throat specialists know little more about the cause and nature of colds, the commonest ailment in their domain, than does the rest of the populace. They may do much to aggravate the condition, or to mutilate the patient's nose by oft needless operations. But they can no more certainly prevent a cold than they can cure it. The cure is left to the great specialist—Nature.

My recent researches on colds dictate the discard of most of the medication, manipulations and operations which have been the backbone of the "sinus racket." They reveal that the majority of colds do not begin as infections as the "authorities" now allege. They are caused by mechanical obstruction of the nose due to faulty breathing and faulty diet. The nasal obstruction and the colds can be prevented or cleared up by breathing exercises and a proper diet in the great majority of cases. Incidental to the improvement of the nasal obstruction, the rings about the eyes that are formed by the varicose

veins which it causes, also vanish. This discovery enables each man to be his own rhinologist and may wipe out much of the specialty of rhinology.

The specialty of allergy is another instance of high-sounding name serving to cover dismal ignorance and to impress the gullible public. All that is now termed allergy used to be classed under the name "hypersensitivity." This commonplace name failed to impress or to yield the high fees that resounding "allergy" nets its "specialists." About the fundamental causes and the true nature and treatment of "hypersensitivity," alias "allergy," there is still known little or nothing.

Public health work is an instance of specialization that would be absurd if there did not lie behind it a deliberate design. Public health work consists of applying some simple phases of the science and art of medicine to the prevention of disease in large groups, i.e., "mass production." Much of it is a simple, mechanical routine. But public health officers dominate many phases of commerce, such as the distribution of milk. To insure domination of public health officials by milk and other industrial interests, public health work is being made a full-time specialty controlled by those interests as has been related.

JUSTIFICATIONS FOR SPECIALIZING

Each and every part of the body is a part of the whole organism and influences the balance of its parts; and, vice versa, every part of the body is influenced by the body as a whole. A competent specialist must know all of medicine; he must therefore not be a specialist at all. Also the more versed a man is in the entire meager realm of medical science, the more competent he is to serve as specialist.

In some phases of the art of medicine a justification for a relative degree of specialization is to be found in that they require special technical training and experience in kindred arts and sciences, or elaborate, costly and bulky apparatus. Thus x-ray work requires technical training in physics and photography as well as expensive equipment.

As a rule, there is little or no justification for specialization either in the extent of medical science or in the technical demands of the application of its art. Most diseases do not confine themselves to specialty zones. Disease of the pancreas, for instance, may cause disease of the eye or foot. Disease or deformity of the nose may cause the disturbance of sexual functions. The man who specializes in diseases of a single region of the body often disregards the remote parts of the body which give rise to the disease under treatment and is doomed to failure.

The practice of general medicine with special interest in some region of the body, for the purpose of study and research, constitutes a basis for intelligent and justifiable specialization. It is this form of specialization and research that is most productive of results.

Such intelligent specialization is highly unpopular with the rank and file of the medical profession, and a form to which official recognition is denied. "Accepted" specialization requires that the specialist shall confine his practice to one section of the body, such as the eye or the heart; or to one group of disorders, such as allergy; or to a single disease, such as diabetes. The

specialist who transgresses the bounds of his specialty in treating the patient referred to him by colleagues finds that the word spreads around rapidly. His colleagues no longer refer work to him and his practice dies off. This form of specialization finds its root in commercialism and the intense struggle of the profession for existence.

SPECIALIZATION IMPOSED BY CLINICS AND HOSPITALS

Both organized medicine and the social service rackets have contributed largely to the development of the specialty rackets. The commercial exploitation of medicine by the social service forces in clinics operated for mass production lent the earliest impetus to specialization. The mere mechanics of the physical handling of the mobs of patients who are lured to the clinics with a pretense of rendering medical care requires a division of labor. In the clinic the specialist is the medical mechanic of "mass production"; and like a mechanic on the assembly line he must confine his activities and interest to a single series of motions, procedures and operations. Any other than the grossest defects outside of the specialty zone escapes him in the steady grind and routine of the clinic "assembly line."

A serious defect in "mass production" in medicine is the fact that the human organism differs radically from the usual objects of mass production. The interrelations of the parts of the human body are infinitely more complex than are those of the parts of an automobile. Many of these interrelations are not yet known or suspected. As a consequence the "assembly line" specialization in medicine leaves a whole mass of mankind and their ailments in a No Man's Land, shuffled about between specialists who dawdle with the local manifestations of a general disorder which is usually neither discovered nor suspected.

The "closed" hospital system also has served to impose specialization upon the medical profession for commercial reasons. In order that the doctors of the staffs of hospitals may enjoy maximum incomes and collect the maximum number of fees from the limited number of patients in their hospitals, each doctor is required to confine himself to a single subdivision or specialty of the patients' ailments. Medical specialization has become a covert and "approved" form of "fee-splitting" imposed upon the profession by the "closed" hospital system. Physicians seeking appointment to hospitals and clinics are required to select a specialty to which they will confine their activities.

The popularity of specialization that was thus foisted upon the profession has grown rapidly. For just as the mechanical routine of the assembly line in industry is admirably adapted to the average moronic intellect, specialization in medicine matches the wits of the modern medical graduates who are hand-picked on the basis of ability to pay graft to secure admission and "intelligence tests." To the mental level of these medical morons are attuned undergraduate, graduate and specialty education. Members of the profession who are capable of sufficient independence of thought to realize the evils of this specialty system are now regarded as "crack-pots."

Specialties in medicine consequently have bred and multiplied rapidly. It is regarded extremely unusual and "irregular" for any ailment, however

minor, to confine itself within the zone of a single specialty, if the patient has any money. This proves very fortunate and profitable for the medical staff of the hospitals. Without specialization many of them would starve.

SPECIALTY BOARDS OR TRUSTS

Specialization has proved a bonanza for the merchants-in-medicine. Under the guise of protecting the public they have established numerous specialty organizations that serve the functions of chambers of commerce which boost their businesses and protect them from competition in much the same manner as does the American College of Surgeons. These organizations generally accept the domination of the A. M. A. and interlock with its specialty sections. The multiplication of organizations increases the advertising and publicity of their bosses to both the public and the rank and file of the profession and correspondingly enlarges their practices and their teaching businesses.

For restriction of competition in the specialties and for enhancement of incomes from specialty teaching, the organizations in each specialty combine to form Boards. These Boards are self-appointed groups of specialists, generally in the post-graduate teaching business, who undertake to dictate who may practice the specialty and how it must be practiced. They constitute the backbones of Specialty Trusts. The members of the Boards make large incomes from the high fees paid by applicants for examination as well as from their allied teaching rackets which the applicants find wise to attend if they wish to pass.

The dominant cliques in the specialties are placed on the accredited list by the Boards, and in return accept its jurisdiction for the purpose of protecting their businesses. All others must submit to examinations consisting of trick questions often on subjects that have not the slightest practical bearing on ability to relieve the ill. The answers must comply with the "accepted practice" fixed by the Boards; or in questions on which no such dogma exists, they must match the pet theories of the arbitrary examiners. Since there is no appeal from the judgment of the Boards, the applicant must waste much time and pay into the pockets of the examiners or their schools much money taking courses in which the examiners sell their views to prospective examinees. They travel about the country peddling "review conferences" at fifty or a hundred dollars a head.

Validity is given to the actions of the Boards by the imposition on "closed" hospitals of the rule that only specialists "accepted" by them may be appointed to staff positions. They are now seeking the passage of bills in various states that will give their Specialty Trusts the support of law, for more effective mulcting of the profession.

Thus when medical business began to slump in 1930, the medical specialty bosses got together and attempted to pass a bill in New Jersey which would establish a monopoly of specialists under their domination. An intensive publicity campaign, in which Lowell Limpus and the *Daily News* of New York played an active part, was undertaken in favor of the bill. But the bill so obviously violated public interest that it was defeated.

Boards have been organized in the specialties of ophthalmology (eye), otolaryngology (ear, nose and throat), obstetrics, dermatology (skin), psychiatry, pediatrics (children), radiology (x-ray work), orthopedics (bone), urology, general medicine, pathology, surgery, and anesthesia. More are constantly being organized. Specialties are being subdivided within themselves, and no doubt will give rise to new Boards. The Boards have joined in organizing an Advisory Board which publishes a volume that advertises the specialists who have been "accepted" by the Boards.

As in the case of the American College of Surgeons, the applicants are passed upon by a local group of competitors. Insiders who "belong" gain acceptance without regard to competence. All others can expect little grace or mercy. Many capable physicians who refuse to bow to the autocrats of the Board are being libelled systematically by publicity in newspapers, magazines, and other publications which insinuates that all specialists who have not been "accepted" by the boards are incompetent and not to be trusted. The Boards are some of the many devices that have been fashioned to force the medical profession into line for the profits of the rackets of organized medicine. However much I may be opposed to this Board racketeering, in a moment of weakness I accepted the dubious honor of certification by one of the boards.

SPECIALTY POST—GRADUATE EDUCATION

One of the favorite methods of restricting competition in the specialties is to make specialty education exorbitant in its cost, and to compel physicians who wish to enter the specialties to meet totally unwarranted requirements. The Boards and specialty bosses exert their influence to prevent the teaching of their specialties in the course of a regular medical education; and they carve out for themselves fortunes by operating post-graduate medical schools. These serve both as business ventures and as advertisements for their private practices.

The usual post-graduate course can be expected to net its professor numerous profitable operations and consultations derived directly or indirectly from advertisements or from students. The profit of the post-graduate institution for its bosses explains why some doctors are willing to pay thousands of dollars for professorships in those institutions. It is not unusual for doctors seeking professorships to invest twenty-five thousand dollars or more in these institutions. These were generally very profitable investments that in normal times often netted the investors as much as a half a million or a million dollars annually, mulcted from the public as well as from colleagues.

With the object of diminishing competition in the specialties the cost of specialty education is being raised higher each year. The graduate in medicine who has completed his internship has undergone a process which goes by the name of education during a period of twenty to twenty-five school years at an estimated cost of twenty to twenty-five thousand dollars. To enter some specialty, especially the surgical, he must be prepared to spend three years or more in a post-graduate medical school, during which time he receives no income but must pay from six to ten thousand dollars addi-

tional. During these years he will have much opportunity to draw pretty pictures and make clay models; to fill endless notebooks with lecture notes and with speculations and theories; occasionally to see a case of a patient suffering from a specialty disease, rarely if ever to operate on one.

When this process has been completed the graduate turns loose on the community and seeks to force it to pay him a return on this enormous and needless investment in time and money. Small wonder the public complains of the high cost of medical care at the hands of products of the specialty racket.

Things were not always so. In years gone by the specialties were learned, as was the balance of medicine, by young graduates who acted as assistants to older men in office and clinic, at home and abroad; or by serving an internship in a specialty hospital. After a number of years of apprenticeship during which the novice had sufficiently proved to the physician whom he assisted, that he could be entrusted with all phases of the specialty, he went off to some post-graduate institution or took a trip to Europe. This was primarily for the purpose of comparing notes and methods, and acquiring the glamour and halo of "study abroad."

For some the pace was more rapid. Tiring of general medical practice the physician decided to devote his interests to one phase of the profession which he had been practicing with special interest. Primarily for the marking of the transition between the two phases of his practice, general and special, and for "a breathing spell," the physician would go abroad and announce himself as a specialist upon his return.

If this group of self-declared specialists had originally enjoyed an adequate medical training and had conscientiously taken interest in their specialties, they might have become quite as competent as the balance of the crew. But their failure to pay tribute, in the form of thousands of dollars in tuition fees, to the bosses of the specialty gangs, and the competition which they offered, aroused intense antagonism on the part of vested specialty interests.

ABSURDITIES OF SPECIALIZATION

While this process of raising the barriers against acquiring education or experience in the specialties has been in progress, advances in medical and allied sciences have thrown in sharp perspective the absurdities of specialization.

A striking instance is a specialty of urology. Important aspects of the domain of the urologist and important sources of his income were kidney stones, enlargement of the prostate, and gonorrhea.

The usual treatment of kidney stone was operative interference. It has been shown recently by research workers in nutrition and general medicine that the formation of kidney stones can be prevented by a diet adequate in vitamin A and glandular therapy. Thus the kidney stone threatens to be thrown back into the domain of general medical practice.

The traditional treatment of enlargement of the prostate has been local manipulation and operation. Recent contributions to medicine have shown that enlargement of the prostate can be prevented or cleared up by treatment

with endocrine gland, such as ovarian hormone, the hormone inhibin, or testosterone. Another domain of urology is being thrust back into general medicine.

The treatment of gonorrhea and its complications has been one of the chief sources of income of the urologist. If gonorrhea had no complications most urologists would starve. Recent success reported in the treatment of gonorrhea with sulfanilamide threatens to remove the treatment of this disease from the repertoire of urology to that of the general practitioner. This tragedy consummates the undoing of most urologists and their specialty.

A prominent urologist bitterly complained that the specialty is being wiped out by modern discovery in other fields of medicine. He seriously suggested that there should be a halt to medical discovery to avoid technologic unemployment in the specialties.

MEDICAL DISCOVERY VS. SPECIALTY RACKETS

The suppression of medical discovery in the interest of sustaining the incomes of racketeering specialists in medicine is exactly what is being accomplished by many of the specialty organizations. Original research motivated by the desire to dispel the abysmal ignorance of fundamentals that characterizes all the specialties is regarded by their overlords solely in a commercial light. They can be regarded as putting to themselves the question: "Will it further my business?" Suppression of discoveries that do not serve to enhance their businesses and their incomes, especially if they do not emanate from their cliques or cannot be stolen by them, is the universal practice. And so vast is their autocratic power that none of the rank and file dares to disobey their dictates and use methods which they do not sanction.

It has been related elsewhere how bitterly the highly successful medical treatment of chronic ear infections and chronic disease of the mastoid is being fought by the specialists in otology to protect their operative income.

It has been related how the unscrupulous bosses of ophthalmology have resorted to suppression of publication, libel, slander, falsification of data, and to the imposing of censorship on such a representative scientific organization as the American Association for the Advancement of Science, in order to prevent the highly successful adrenal cortex medical treatment of glaucoma from becoming universally known and accepted. It matters not to the high-minded specialists that the treatment is the only method of preventing blindness in thousands of victims of the disease. The one thing that counts with them is that if the method should be accepted, the bosses of the ophthalmologic specialty would lose their high fees and incomes from blinding glaucoma operations. Such is the defect in the nature of the law, that a callous group of specialty bosses can force the profession to continue to blind, deliberately, knowingly and with impunity, thousands of victims each year with their operations; and can withhold from them the medical therapy which would save their eyesight by the mere device of refusing to acknowledge the truth -- that the medical therapy is effective but would reduce their incomes.

Medical specialization has become a gigantic commercial racket, jointly maintained by specialty organizations, by the American College of Surgery, by the American Medical Association, by the Medical-Social-Service Trust, and by the educational institutions controlled by them. They serve enormously and needlessly to increase the cost of medical care; to block effective education of the medical profession for complete and rounded service to their patients; to prevent the public from enjoying the benefit of medical discoveries when those discoveries serve to reduce specialty incomes, especially by eliminating need for operations; briefly, to plot against public interest for their own private gain.

SPECIALTY PUBLICITY

The immense powers of the overlords of the specialties are greatly enhanced by the delegation to them by organized medicine and social service of the powers of control and censorship of both the medical and lay press in their fields. They use these powers to boost their business, to undermine their competitors and rivals, and to gloriously shield their nefarious activities with the shibboleth "protection of health and lives of the public." Scarcely a week passes by without the issuance to the press for publication releases drawn up by highly paid publicity men announcing that their competitors are incompetent and require post-graduate instruction of the type that the gang has to offer.

In all of this publicity, each specialty group insists that the rank and file of the medical profession is incompetent to practice in its particular field. When one adds up the sum total of all the fields claimed by the specialties one begins to have serious doubts about the calibre of modern medical education. For one finds that there is nothing that they are willing to entrust to the unspecialized medical practitioner except the work of acting as business agent for the specialists.

The specialty business slumped heavily in 1930. The New York Academy of Medicine clique in its annual report adopted that year suggested that its simon-pure specialists alone should enjoy the medical business of New York. The report implied that none other could be trusted. It did not state that business was poor, which is what the report really meant.

On January 29, 1938, the New York Post-Graduate Medical School and Hospital announced in the press that medical specialists needed more training of the variety that the institution had to offer. The motive can be found in the fact that it has found business so lean in recent years that it was compelled to surrender its control to Columbia University in order to gain support. The newspapers' publicity gave the Post-Graduate many thousands of dollars of free advertising and undoubtedly boosted its business.

At the dinner from which this publicity was released Dr. Walter D. Dannreuther, F.A.C.S., professor at the Post-Graduate and member of the Board of Obstetrics and Gynecology, announced that more of the superior brand of specialists approved by his Board were required. The superiority of the recommended specialists and the success of the Board in raising specialty standards is made clear by a report made by its members a short

time before this incident that indicated a steady rise of maternal mortality in the United States to the highest childbirth deathrate in the world.* The mothers of the Nation probably feel that if there were many more of them, ever ready to grab a knife and to do a Caesarian section, their chances of survival would be reduced to nil.

Representatives of other specialty boards also held forth on the topic of the need for more education at the Post-Graduate Medical School of their various brands of specialists. With such intensive publicity and advertising, business should have improved at the Post-Graduate Medical School.

HYPOCRISY OF THE SPECIALISTS

If these specialist groups were really interested in protecting the health and lives of the public they would seek to make common knowledge to every member of the medical profession the specialties which they now seek to exploit as private monopolies. Instead of multiplying the costs and reducing the opportunities for the members of the medical profession to become versed in all the specialties, they would seek to make the knowledge freely available to them at no cost.

Instead of shouting from the housetops that the medical profession, especially their competitors, are incompetent they would invite them into their schools and "closed" hospitals and teach them free of charge in the interest of improving the care of the ill. That is the purpose for which philanthropically inclined individuals have endowed the hospitals and medical schools.

They would speed up dissemination of information on medical advances and discoveries in their fields and seek free distribution of that information and its publication in the press, instead of suppressing it.

To be sure the specialty bosses do invite the medical profession to lectures, to "Fortnightly Reviews," and to specialty conventions which are primarily designed to advertise themselves. But the data presented at those meetings are generally of ancient vintage and are to be found in any older textbook; and are so old as to be generally accepted in the specialty, and known to be not wholly true.

"ACCEPTED PRACTICE" — SPECIALTY DOGMAS

"Standardization" and establishment of "accepted authority" and "accepted practice" constitute the prime functions of the Boards. The "accepted practices" are often legalized methods of committing mayhem and manslaughter. The absurdity of such "standardization" and authoritarianism in a field such as medicine, in which so little is definitely known, and so much of what has been regarded as true in the past has proved to be absolutely false, is too obvious to require comment.

The tendency toward authoritarianism in medicine and surgery, and the specialties, has become intensified in the last seven years of government authoritarianism. This movement increasingly threatens modern medicine with

* This figure was deliberately falsified, for it included all deaths from abortions in the childbirth figures.

stasis and stagnation similar to that which it suffered in the Middle Ages. It violates the interest of each and every person, and a halt should be called.

As a phase of "standardization" of medical practice designed to serve the dual purpose of control of announcement of medical discovery to protect their reputations and vested interests, and of advertising themselves, the specialty bosses have established "Research Committees." These committees assign to each of their members the investigation of a designated subject and the establishment of the "accepted" faith and dogma for that domain. Once this "faith" has been established it may not be questioned with impunity; it must be accepted, however erroneous, until the committee decides to take cognizance of its error.

Unfortunately autocracy and dogmatism in medicine have always retarded its advance and victimized the public. The ascendancy of Hippocrates and Galen, Jenner and his vaccination against smallpox, Semmelweis and his proof of the cause of puerperal fever and its prevention, Pasteur and his proof of the origin of disease, are classical instances of the sacrifice of millions of lives that authoritarianism, bred of commercialism in medicine, has cost mankind.

Today authoritarianism and commercialism in medicine have become intensified a thousandfold in the name of the "protection of public health." The specialty rackets lead this development.

LURE OF SPECIALIZATION

It is not difficult to understand what lures the younger generation of physicians into medical specialties. They are forced into specialization by their hospitals and clinics. Specialists have opportunties to earn more than a mere living.

If a specialist sticks to his last, and either "splits" fees or repays his colleagues in other manners, he can even hope to make a fortune. Some of the extremes to which "fee-splitting" has gone in the specialty racket are illustrated by the case of the New York otolaryngologist who has adopted the practice of visiting general practitioners, looking over their furniture and announcing that he is ready to supply a needed item as advance payment for cases to be referred to him at a future date. It is the keenness of competition which is primarily responsible for the denunciation of "fee-splitting."

SPECIALIZATION, THE LAW, AND THE PUBLIC

The public itself is largely responsible for the growth of the specialization rackets. It has been maleducated in the belief that the specialist is the last cry in medical care, and is alone to be trusted. The public has acquired the habit of going directly to the specialist or demanding of a general practitioner that he refer them to the specialist.

Laws on specialization have been passed in some states. Such laws have reached the highest stage of absurdity and racketeering in the New York State Workmen's Compensation Act, which makes a special specialty of compensable injuries sustained by workers. Thus the injuries of a man who is struck by a car while at work belong to a different specialty than identical injuries sustained while not at work.

Instead of supporting such racketeering by law the state should seek to eliminate it entirely. It should seek to raise the calibre of medical education; should compel free access to hospitals of all physicians; should maintain free opportunities for post-graduate medical education; should provide the medical profession with literature and should arrange prompt publication of latest advances in the science of medicine; and should rigidly enforce laws which provide for proper punishment of malpractice and stimulate the provision of the most beneficial and least injurious methods of treatment known.

CHAPTER XIV.

THE NEW YORK ACADEMY OF MEDICINE

A MERGER OF ORGANIZED MEDICINE AND SOCIAL SERVICE

About the time that the sponsors of the New York Tuberculosis and Health Association began organizing the Social Service Trust, they also took hold of the New York Academy of Medicine. They made it the spearhead of their drive to "muscle in" on the very profitable rackets of Organized Medicine and to gain control over the profession.

The Academy had existed for many decades as a sleepy, musty club for the more affluent physicians and medical merchants of New York. In essence it was a rich man's club, operated by the financial highlights and political bosses of medicine. For its members it maintained a library to which non-members might gain admittance. Meetings were held which gave members an opportunity to advertise and display themselves to the profession.

CHARITABLE FUNDS SOLICITED

Preliminary to conversion of the Academy to their uses, the Rockefeller Foundation and the Carnegie Corporation, allies of Organized Social Service, offered it a grant for a new building on condition that it would raise part of the funds by public subscription. For the purpose of an appeal to the public for donations, bequests and contributions, the Academy posed as a charitable and educational institution devoted to the protection of the health and life of the public. The ruse succeeded and the public contributed liberally to the erection of an imposing edifice.

Dr. Linsly R. Williams, son-in-law of Kidder of the Morgan affiliated Kidder, Peabody & Co., was made Director of the Academy. Dr. Williams frankly acknowledged his incompetence as a physician, his inability to make a success of the practise of medicine and his hatred of the medical practitioners engendered by his sense of inferiority. As a compensatory device, he devoted his life to a campaign against private medical practise, as the medical boss of Organized Social Service, undertook to dictate how the practise of medicine should be conducted, and became "King's advocate" of Socialized Medicine and of commercial and political domination of the medical profession.

As soon as its marble halls were completed, the New York Academy of Medicine abruptly ceased to be a "charitable" institution. Once again it became a less exclusive but more expensive club. Physicians and others who are acceptable to the membership, usually by virtue of personal friendship or frequent consultation, may belong, so long as they pay the fifty dollars annual dues and obey the rules.

CENSORSHIP, PUBLICITY, BOOSTING

At the heart of the alliance of the bosses of social service and medical bosses is the Academy's Medical Information Bureau. It was established by the New York Tuberculosis and Health Association on the pretense of supplying the press with "reliable medical information" through its executive secretary, Dr. Iago Galdston erstwhile Isidore Goldstein, whose salary is said to have been paid originally by the Metropolitan Life Insurance Company. The Association's president, Dr. Linsly Williams, the medical boss of Organized Social Service and interlocking Director of the Academy, saddled it on the Academy and on the New York County and State Medical Societies. It engages now, in a censorship of medical news that extends throughout the country.

Attractive bait was offered the medical bosses by the social service clique in this deal. It offered to continue to pay the salary of Dr. Iago Galdston when the Academy took over the Bureau, out of the Christmas Seal pennies. Subsequently one of the allies of Organized Social Service, the Milbank Fund, liberally endowed the Bureau, i.e. the wages of its officers, with some of its Borden Company milk funds, which was no doubt earned well by the censorship activities. The press censorship of the Medical Information Bureau has given the Social Service Racket a monopoly of publicity on important medical aspects of milk and on medical economics, which has virtually barred the press to Organized Medicine and to the members of the medical profession on these topics. This has been an important factor in facilitating its Bismarxian propaganda, especially in the field of Socialized Medicine and Compulsory Health Insurance. The releases of the Medical Information Bureau have played a significant role in undermining public confidence in the medical profession and vilifying it.

At the same time the Bureau has undertaken to act as a high-powered agency for publicity and advertising of the medical bosses of the Academy and their henchmen, the value of which is intensified by the censorship which makes their press releases exclusive. In this manner the medical clique have monopolized the right to advertise and boost their reputations and practises.

FORTNIGHTLY REVIEWS—MEDICAL REVIVALS

The "Fortnightly Review" that is held each year by the Academy plays an important part in the business-boosting. Though it is professed that these Reviews are intended for the education of the *medical* profession they are advertised and publicized to the *lay* public and the names of the bosses of the Academy featured and headlined. They virtually state:

> "Behold, we are learned men, the 'authorities' who are educating the profession. For superior medical services come to us."

Until the Review of 1939, when a five dollar registration fee was imposed, the bulk of the attendance of these meetings consisted of laymen attracted by the advertising. They came to hear the oracles of medicine hold forth in a fashion that would lure to their offices lay listeners as patients.

Few informed members of the medical profession attend the sessions, because they well know that very seldom will anything new be heard. Always

the same "authorities" recite from the same textbooks. This annual advertising stunt is supplemented by weekly radio broadcasts by various members of the clique. Occasionally an authentic medical scientist and authority presents a subject that is new before the "Fortnightly Review." But thanks to the censorship of the press maintained in the name of the Academy, it is only the drivel of its overlords that has been released by the Bureau and publicized in the press.

BUSINESS AGENCY AND "STEERING"

But these forms of advertisement do not exhaust the repertoire of the publicity and business agency of the Academy. The Medical Information Bureau invites the public through the press to seek its advice about physicians and to accept its recommendations. The Bureau steers the inquiring public into the offices of the bosses of the Academy. This custom is very profitable and brings them much high-priced business. Occasionally a case is thrown "to the dogs," i.e. the rank and file members of the Academy.

In this activity the Bureau is guided by ethical standards lower than those of East Side merchants and their "steerers." Cases are not referred to the members unless they pay their dues and remain in "good standing." Since the payment of dues is the prime requisite of membership and enjoyment of the organization's benefits, all members of the New York Academy of Medicine who have cases steered into their offices by it are guilty of "fee-splitting."

RIVALS AND ENEMIES SLANDERED

The bosses of the New York Academy of Medicine, and their social service allies, use the Bureau to ruin the practices and reputations of their competitors and enemies. The rank and file of the medical profession are consistently discredited to the press and to the inquiring public by inuendo or slander over the telephone. It is not unusual for the Bureau to do this even to members of the Academy. On one occasion that has come to my attention the spokesman of the Academy informed the press that one of its own members was a quack and was not to be trusted.

This slander is hard to scotch or prosecute because it is usually done over the telephone. It would be difficult to prosecute successfully because there are no reliable witnesses possible in a phone conversation. The Bureau and its officers generally refuse to reduce their statements condemning a physician to writing, no doubt on advice of counsel. Drs. Iago Galdston and Samuel J. Kopetzky are the guiding spirits of the Bureau.

MEDICAL MISINFORMATION

In matters of medical publication, news reports are censored on the same basis. The most trite nonsense of the officers of the Academy passes censorship and is headlined in the press. The most important discoveries of outsiders or of enemies of the Academy are discredited without regard to truth, and are censored by the Bureau.

Such newspapers as the New York *Times* abide rigidly by the censorship of the Academy. All the editors of New York city newspapers and magazines are fearful of the pressure which the Academy clique can bring to bear

against them. The MacFadden publications alone are free of its full censorship and dare publish medical truths that Organized Medicine desires to suppress. The pressure of the Federal Trade Commission may support the medical censorship and force rebellious media into line.

Since Galdston has been employed at a salary of five thousand dollars a year as syndicated medical columnist and censor by the Associated Press, the other news syndicates and many newspapers have rightfully become distrustful of the Bureau's neutrality. But fear of reprisals by the Academy and its allies has kept most lay editors in line.

BUREAU HAS CONSISTENTLY LIBELLED MEDICAL PROFESSION

The chief result of the press censorship of medical news by the Galdston-Kopetzky Bureau and its social service bosses has been to discredit the medical profession in the eyes of the public through the agency of what the public regards as the profession's own organizations. Periodically the social service forces issue for publication false and misleading data highly injurious to the rank and file physicians and to the good name of the profession. This persistent libel is no doubt a puzzle to the public who do not realize the perfidious control of the Medical Information Bureau by Organized Social Service.

This libel of the profession continues with impunity because the members at large of the Academy of Medicine have absolutely no voice in its administration. They are merely puppets who pay fifty dollars a year for being undermined, discredited, and libelled like the rest of the profession. They also enjoy the privilege of attending meetings at which they must not be too free in speaking up or expressing themselves; the boon of borrowing books from the library; the dubious pleasure of basking in the reflected glory of the oft spurious renown of the bosses of the Academy; and an occasional boost to their businesses by cases referred to them by the Medical Information Bureau.

ACADEMY TAKES IN BOARDERS

In one respect the "aristocratic" Academy has become quite plebeian. It has entered the real estate business in competition with less fortunate landlords of New York City and has taken in boarders. It "philanthropically" rents meeting rooms, built with funds donated by the public, to medical societies of its own selection and approval, at the rate of twenty five dollars to one hundred and fifty dollars per evening.

This did not stop the New York Academy of Medicine from claiming and receiving exemption from taxes on the amusing grounds of being a "charitable" institution. Exemption from real estate taxes was granted by the Board of Assessors of New York City after there had been blocked, at my instance, a bill introduced in the New York State Legislature to exempt the Academy from payment of taxes.

INFANTILE PARALYSIS SERUM RACKET

As an example of the charity and philanthropy which the New York Academy of Medicine bestows on the public, the Infantile Paralysis Serum Racket is outstanding. In connection with the epidemic of infantile paralysis

which occurred in New York City in 1931, the New York Academy of Medicine announced to the public a quack "cure" for the disease consisting of human blood serum. It obtained the serum at little or no cost and sold it to the public at twenty-five dollars or more a dose. In this activity it had the support of Governor Franklin D. Roosevelt, who was a close friend of Dr. Linsly R. Williams, the Director and Chairman of the Poliomyelitis Committee of the Academy. Georgia Warm Springs, also, was the source of some of the serum which was sold by the Academy, according to published reports.

At this point it suffices to mention that more deaths resulted from the use of the serum than from the disease itself, and rather than take the matter to court, the parties involved settled a suit for the death of Marvin Zanger, a victim of the serum, out of court even though there was considerable question whether the technicalities of the law did not exempt them from liability in the matter.

LIBRARY RACKET AND MEDICAL EDUCATION

Most questionable of the pretenses of the New York Academy of Medicine, made to secure tax exemption from the City of New York, is that it is an educational institution and makes available to the profession medical literature by operating a public library. A small fraction of the Academy's marble halls is used for library purposes. But this is a private library for members of the Academy which is open to the public and to the balance of the medical profession for reference purposes only, during a limited number of hours per day. The hours were originally from nine to twelve a. m. For the purpose of making its plea more plausible to the Board of Assessors of the City of New York the hours were extended to five p. m. The rank and file of the medical profession may only consult the library of the Academy during hours that conflict with their office and working hours; and they may not borrow books as may the members.

Access to publications of medical advances is as important for the education of physicians as is free and uncensored publication. With the price of medical publications high, and mounting ever higher in spite of the depression, the cost of keeping abreast of medical advance today is beyond the means of a large part of the profession. Libraries that give the medical profession free access to medical literature are essential to the public for the protection of health and life.

The Academy does extend the privilege of borrowing books from its library to non-member physicians—for the *modest* sum of forty dollars a year. This is far beyond the means of the average physician. To all intents and purposes, the medical and social service bosses of the Academy bar the rank and file of the medical profession from effective access to medical literature.

The Academy is aided in converting its library into a lucrative monopoly by the public library system of New York City and by the Carnegie Corporation, and by the Rockefeller Foundation and its General Education Board, by the support which they give it. I discovered this, much to my chagrin, in 1931

when I pleaded with the New York Public Library and with the Carnegie Corporation to make available to the medical profession a free circulating library. Mr. Anderson of the New York Public Library replied that his organization would not enter into competition with the library business of the New York Academy of Medicine. Mr. Frederick Keppel of the Carnegie Corporation replied that he would take up the matter with his associates. Nothing came of my efforts.

A curious light is thrown on Organized Medicine's attitude toward its rank and file and toward public interests, by my attempt to induce the New York County Medical Society to take action to obtain a free circulating medical library for the profession of the City. The resolution was barred from introduction as new business by the chairman at a meeting of the Society; and the omnipotent Comitia Minora of the Society, all of whom were members of the Academy of Medicine, refused to take any action in the matter.

The need for such a library is still urgent, and would require but a small fraction of the large sums of money being wasted and frittered away on useless and stupid pretenses of public health work. Money should be promptly provided for this purpose.

ACADEMY RESUMES "CHARITABLE" POSE AND PANHANDLING

On the eighth of January 1940 Dr. Malcolm Goodridge, President of the New York Academy of Medicine, made a plea to the public for contributions to its support as a charitable and benevolent public institution. He drew a heart-rending picture of the Academy trying to scrape along on a mere $220,000 a year income. He did not make it clear how much of this money represented the salaries of social service parasites, propagandists and business steerers who clutter the Academy.

Dr. Goodridge announced a plan to cut down the limited access of the rank and file of the medical profession and of the public to the medical library. He confessed that there might be raised the question "that the Academy is not properly an educational institution." He revealed that on the basis of such misrepresentations the Academy had been exempted from income, social security, state unemployment insurance and real estate taxes. This is in line with the custom of Organized Social Service to specifically exempt itself from all the burdensome taxes and regulations which it helps impose on the nation.

The doctor also revealed that the Federal government had suspected the misrepresentations of the Academy and had raised the question of its tax-exemption but had continued the exemption because of the "educational" character of its business-steering agency, the Medical Information Bureau. With equal justice the government could exempt from taxes all advertising agencies or the New York Stock Exchange or the Union League Club.

How the "educational" Medical Information Bureau acts to suppress the truth and to protect the business interests of the Academy is illustrated by the fact that letters relating the truth about the activities of the Academy

correcting the statements of Dr. Goodridge, which were forwarded to the New York *Times, Herald Tribune, World-Telegram, Post, Journal and American, Daily News* and *Mirror,* were censored and suppressed. Such suppression of the truth is an odd concept of "education." The Federal government could render the public a great service by taxing the malodorous and anti-social activities of the Academy out of existence.

THE NEW YORK ACADEMY OF MEDICINE IS A MONUMENT TO THE HIGH PURPOSE AND PUBLIC SERVICES OF THE MEDICAL-SOCIAL-SERVICE TRUST.

CHAPTER XV.

WHAT PRICE LIFE?

PUBLIC vs. THE RACKETS

THE medical and social service rackets cost the public enormously in terms of money, health and life. In money, the cost is many billions of dollars each year. The public of New York City alone expended on its hospitals, for example, forty-five million dollars in 1927, and sixty-four million dollars in 1930. The cost of hospitals and allied medical rackets amounts, in the country, to not less than one billion dollars per year. Contributions to philanthropy and to social service "charities" such as the New York Tuberculosis and Health Association amounted to an additional two billion dollars in 1933. The wages of the forty thousand workers, which the Welfare Council estimated were engaged in social service work in New York City alone in 1928, amounted to over seventy-five million dollars. It is considerably higher now.

The milk racket, with its artifically maintained high price of milk, costs the country tens of millions of dollars each year. Workmens' Compensation Insurance abuses cost the public many hundred million dollars each year. The industrial insurance racket costs the nation almost one billion dollars per year. The cost of abuses of unemployment relief amounts to fantastic figures. Drug monopolies and rackets levy a toll of hundreds of millions each year.

It is the cost of these rackets in terms of human lives that is most significant. Vis-a-vis the interests of Organized Social Service and Organized Medicine human life literally has no value. The taking of lives by these activities ceases to be murder; it becomes "an unavoidable necessity of social progress," and legalized by custom. As in the case of war, the more wholesale the scale on which lives are taken as a result of these rackets, the safer and more respectable the progress becomes.

CONTRASTING LEGAL VALUES OF LIFE

In this respect our democracy contrasts sharply with the autocracy of the Fascist states, in which individual lives count for naught whereas mass murders are subject to legal prosecution. Several striking cases of mass murders of an accidental nature, arising out of medical activities, have been reported from abroad within the past decade. These illustrate the contrast.

From the provinces of Venice and Rovigo in Italy there came reports of the deaths of ten children and the illness of many more, resulting from their injection with a defective vaccine. The vaccine had been marketed by the National Institute of Serum Therapy, at Naples. Though the incident was due to accident and carelessness, the directors of the Institute which prepared the vaccine, Camillo Terni and Mario Testa, were placed under arrest.

In Germany, Professor George Deycke and Dr. Ernst Alstadt were convicted for their responsibility in accidentally causing tuberculosis in two hundred and forty children, of whom seventy-six died. The causalties resulted from an error in preparation or administration of a vaccine intended to prevent tuberculosis.

MENACE OF LOWERING VALUE OF LIFE FOR ANY GROUP

In both cases, the deaths were accidental in the course of administering treatment of proved value. Though one may deplore the severity of the punishment visited on these eminent physicians, one cannot help feeling that it is correct that the State do its utmost to prevent injury to life and health of its citizenry. Even accidents should be carefully investigated and those responsible admonished. This helps to prevent recurrence of such incidents and to prevent deliberate jeopardy of human lives by dangerous and futile experimentation.

Under our law in the United States, however, even mass deaths due to unwarranted and indefensible human experimentation under the auspices of Organized Medicine or of the agencies of Organized Social Service is not treated as a crime. Many lives have been needlessly sacrificed in this manner within the past decade. Freedom from prosecution of the individuals and groups responsible for these murders is becoming well established by dangerous precedents. If the country fails to act promptly to upset these precedents, all safeguards against the taking of human lives by these groups will vanish.

INFANTILE PARALYSIS SERUM EXPERIMENT

One of the most flagrant instances of this nature was the death of scores of humans resulting from the administration of the so-called "immune serum" in the treatment of the cases suspected of having infantile paralysis during the epidemic of 1931. This was a case of deliberate risk and sacrifice of human life by experimentation, engaged in by a Committee of the New York Academy of Medicine which was headed by the late Dr. Linsly R. Williams, whose position interlocking Organized Medicine and Social Service has been recounted. Dr. Williams also was mentioned as the prospective incumbent of the post of Secretary of Health which it was reported was to be created for him on the Cabinet of President Roosevelt, after he had written an article, published in *Collier's* magazine, certifying that Governor Franklin D. Roosevelt was physically and mentally fit for the Presidency of the United States.

POLITICAL AND MEDICAL SETTING

The sale of the fake cure and the attendant publicity was designed to build up Dr. Linsly Williams as a national figure and to publicize the Medical-Social-Service Trust which he dominated as a prelude to his expected political advancement and as a prelude to turning over the control of medicine, under national legislation, to the Trust. The infantile paralysis epidemic was used also as a pretext for raising the price of milk to the poor of New York City in the midst of the depression to a higher figure than prevailed in times of prosperity, by the elimination of loose milk. The Milbank Memorial Fund and the Rockefeller Institute played dominant roles in both campaigns.

In this exploit, the Medical-Social-Service Trust, under Dr. Williams, was up to one of its old tricks—stealing the stale thunder of medical experimenters as a pretext for a wild burst of quackish publicity. The "immune serum" was known to be worthless and dangerous long before the human experiment was started. Within two weeks before the date when it was advertised and publicized as a "cure" for infantile paralysis the National Health Institute of the United States Health Public Service reported on a series of cautious experiments and studies made with it on monkeys over a period of three years. The Institute reported that the serum was both worthless and dangerous when used in many of the manners suggested.

The serum goes back to the days of the French investigator, Levaditi, who discovered in 1911 that the virus contained in nasal drippings of victims of the disease, which would cause infantile paralysis when injected into the nervous system of monkeys, could be neutralized and made harmless by the blood of adults or of persons who had had infantile paralysis when the two were mixed in a test tube. In the New York City epidemic of 1916, Dr. Herman Schwartz had tried out such a serum on a group of his patients. He reported that he had found it not only worthless but actually injurious and deadly when used in certain manners.

SERUM KNOWN TO BE WORTHLESS AND DANGEROUS

The best informed authorities on the subject including Dr. Josephine Neal and Dr. William Parks of the New York City Health Department Research Laboratories, both of whom were members of the Committee constituting a minority, had unequivocally condemned the serum on the basis of accumulated data. They pronounced it to be of questionable value and actually injurious when used in certain manners. As early as 1929, Dr. Josephine Neal had pointed out in her publications the danger of the use of the serum in poliomyelitis, and had condemned it in no uncertain terms. All the cumulative evidence pointed to the fact that this supposed "cure" exploited by the Academy was both worthless and injurious.

Dr. Williams, himself, characterized the use of this serum at a hearing, of the Board of Censors of the New York County Medical Society of March 11, 1932, as a "clinical study," or experiment on humans, undertaken by the Committee to prove or disprove the value, or lack of value of the serum. Dr. Williams stated at the hearing,

> "This study was made, really, upon the recommendation of Dr. Simon Flexner and Dr. George Draper. Dr. Flexner and Dr. Draper were particularly interested and also was Dr. Amoss and Dr. Aycock. DR. NEAL DID A GREAT DEAL OF WORK ON THIS SUBJECT SOME EIGHT OR NINE YEARS AGO IN THE 1918 EPIDEMIC, AND I THINK SHE HAS ALWAYS HAD THE FEELING THAT THIS SERUM WAS OF VERY DOUBTFUL VALUE."

In other words, Dr. Williams placed the responsibility for this disastrous experiment squarely on the Rockefeller Institute, of which he was a director, and on its staff.

At a discussion before the Society of Medical Jurisprudence on October 12, 1931, Dr. Josephine Neal said:

> "I have always opposed the use of serum intraspinally on account of the consequent meningeal irritation that so *often* follows . . . *sometimes with disastrous results.*"

FALSIFICATION OF RECORDS COVER TRAIL

Dr. Sobel, an eminent pediatrician, confirmed Dr. Neal's statement in the following words:

> "If the truth were told about the use of the serum intraspinally I am afraid that some sad stories would come out. I have some good reason to believe that several deaths have occurred as a result of its use in this way, and while names such as status thymolymphaticus have been used for the cause of death, it has been more directly attributable to meningeal irritation than anything else."

THE CONCURRING STATEMENTS OF DR. NEAL AND SOBEL MAKE IT CLEAR THAT IT IS WIDELY KNOWN IN THE MEDICAL PROFESSION THAT IT IS A COMMON EXPEDIENT OF THE MEDICAL-SOCIAL-SERVICE TRUST IN ITS EXPLOITATION OF PUBLIC HEALTH TO FALSIFY RECORDS TO MAKE THEM SHOW RESULTS DESIRED BY THEM. IN THIS MANNER THEY OFTEN HIDE FROM THE PUBLIC THE SACRIFICE OF HUMAN LIFE THAT RESULTS FROM THEIR ACTIVITIES.

ACADEMY SOLD DANGEROUS QUACK "CURE" TO PUBLIC

In spite of its worthlessness and its known danger, the Committee on Poliomyelitis of the New York Academy of Medicine undertook to experiment on humans with this "cure" in manners that were known to be most dangerous, including injection into the spine. It solicited the serum from former victims of the disease among the public, most of whom contributed their blood free of charge. Governor Roosevelt contributed 500 c.c. of serum. In the role of an "authority" on the subject, he wrongly informed the public that doctors who would not use the "cure" were ignorant and not to be trusted. This statement proved as true and reliable as have many of his other statements on the subject of health, medicine and other topics.

The Academy then sold this serum to the public through its agents, young and inexperienced physicians, for as much as the traffic would bear, usually twenty-five dollars a dose. In violation of the municipal law of New York City, even charity patients in municipal hospitals were compelled to pay a minimum price of twenty-five dollars for this supposed cure; and were led to believe that failure to use it meant death or worse.

"CURE" WAS MORE DEADLY THAN THE DISEASE

The outcome of this experiment was exactly what might have been expected on the basis of accumulated data, highly disastrous. The published report of the Committee stated that the serum had been used only in cases which had developed no paralysis. This means that many of those cases did not have infantile paralysis to begin with; for there is no positive method of diagnosis of the disease until paralysis develops. The death rate, however, among the

group treated with the serum was considerably higher than among the proved victims of infantile paralysis. The incidence of paralysis among the former was also higher than among those not treated with the "cure."

SACRIFICES TO THE HUMAN EXPERIMENT

The case of Marvin Zanger illustrates the danger of the serum. The story is best told in a letter which his mother wrote me.

November 28, 1931.

Dr. E. M. Josephson

Dear Sir:

Read your statement in the papers of a week ago pertaining to the serum which was used during the epidemic. May I state my case, please.

On August 19, my boy, nine and a half years old, became ill. . . . We took him to the Morrisania Hospital at 168th Street and Walton Avenue, The Bronx. While admitting my child who was so, so very ill, I was told that it was necessary to use serum and it would cost twenty-five dollars. I'm an American woman, and had been reading the paper, but had never noticed a fee for serum mentioned. I spoke of this to one of the doctors and he informed me there was a charge for it at all times. Of course, being a mother and so frightened, I borrowed the twenty-five dollars to pay for it. I sat with my dear child for three hours before Dr..... [an agent of the New York Academy of Medicine] came.....

My child died anyway. I have not been able to write you before this, as my heart is broken. But in order to help others who may not be able to borrow as I did, and to help you who are brave and big enough to come forward [I write].

Mrs. Diana Zanger
1025 Gerard Avenue

The circumstances and the records of the case left little room for doubt that the death was directly due to the irritation of the serum and its mode of administration.

Another equally tragic case was related by another mother who wrote to Mrs. Zanger:

"Several weeks ago, I read in the New York *American* about your suit against the New York Academy of Medicine for the loss of your child from infantile paralysis.

"Your sufferings find an echo in my heart, for I am also an unfortunate mother who lost a four-year-old son. I have a daughter aged twenty, in the hospital, who is a sufferer from the same dreadful scourge.

"My boy was running around well in the hospital until the serum was administered. He died within five days.

"My daughter was paralyzed following the serum. She is in the hospital for the past seven months. God, if I could only lose my memory completely!"

The suit brought by Mrs. Zanger for the death of her child was settled by the parties out of court.

CHARGES AGAINST ACADEMY STOPS SALE OF SERUM

To stop the sale of this quack cure, I filed charges with Governor F. D. Roosevelt against the Academy and its Committee, accusing them of sacrificing human lives in what they chose to call an "experiment." The Academy pleaded "charity" in defense and extenuation of its acts but stopped the sale of the serum. The fate of these charges reveals in its full extent the sincerity of Roosevelt's "humanitarianism."

My indictment of Dr. Williams, and of the Academy Committee and their serum was very embarrassing to Governor Roosevelt for many reasons. First, Dr. Williams was a personal friend and an important political ally. Second, his Georgia Warm Springs enterprise had been widely publicized as supplying some of the serum used for the "cure." Third, Roosevelt and his campaign managers had used the serum as the basis of large number of "human interest" press releases, and his campaign had played up his "humanitarianism" thus manifested.

For obvious political reasons, the Governor failed to act on the charges himself. He passed the buck to New York State Commissioner of Health, Thomas Parran, now Surgeon General of U. S. Public Health Service. Dr. Parran owed his appointment as Commissioner to Dr. Linsly R. Williams, and had himself actively advocated the use of this infantile paralysis "cure."

DR. PARRAN PLEADS GUILTY

As might have been expected, Dr. Parran refused to hold hearings on the charges. Several months after they had been filed with him, Parran brushed aside my charges in a letter released to the press, in which he stated that he himself was involved in the charges, consequently they could not be true. Dr. Parran's denial of the truth of the charges followed closely upon the tacit acknowledgment of the Committee in its own report that my charges were absolutely true.

Commissioner Parran recommended, furthermore, that my zeal in protecting the health of the public and in preventing human sacrifice should be rebuked. He recommended that I be censured for my efforts.

FRANKLIN D. ROOSEVELT DEFENDED EXPOSED "CURE"

I protested in vain to Governor Roosevelt against this formerly un-American procedure of permitting a man accused of a crime, and confessedly guilty, to be his own judge. The Governor replied affirming, in substance, the value of the "cure," directly contradicting the report already rendered by the Committee.

Not content with the white-washing given them by their confederate, Drs. Linsly Williams and Iago Galdston took seriously the recommendation that I be censured. They filed charges against me with the New York County Medical Society from which I had already resigned because of indignation at its failure to lend support to my life-saving efforts. Dr. Williams' charges against me were based on the charges that I had made against him and his Committee, which Dr. Parran conveniently had dismissed on the very day that Dr. Williams was served with a summons in the suit brought against him and

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY

FRANKLIN D. ROOSEVELT
GOVERNOR

February 15, 1932

Dr. E. M. Josephson,
993 Park Avenue,
New York City.

My dear Dr. Josephson:

I have read very carefully the latest charges which you have submitted to me under date of January 30, 1932. I have also read the several previous communications you addressed to me and to the State Health Commissioner, Dr. Thomas Parran, Jr.

I have been fully informed concerning the activities of the State Department of Health in its splendid efforts to minimize the effects of the poliomyelitis epidemic and to limit the spread of this disease, for which I requested a special appropriation from the Legislature and received their approval.

The charges you make are not substantiated by facts, and are therefore dismissed.

Very sincerely yours.

Franklin D. Roosevelt

This letter was received in reply to my protest against State Commissioner of Health Dr. Thomas Parran's dismissal of my charges branding the infantile paralysis "curative" serum a worthless and dangerous quack remedy, the use of which resulted in many deaths. This letter constituted in substance an affirmation of the value of the serum. It is dated months later than the report of the Poliomyelitis Committee which fully supported my charges. Dr. Parran has risen to greater heights of authority and power since this incident, on appointment by President Roosevelt. The use of the serum has been abandoned.

the Academy of Medicine for damages for the death inflicted upon Marvin Zanger by the serum.

"ETHICS" REVEALED AS GANGSTER CODE PROHIBITING SQUEALING

Dr. Galdston's charges, however, clearly set forth the anti-social purposes to which the medical social service mob put the code of pseudo-ethics which they have established for the medical profession. Dr. Galdston stated that in making the charges designed to protect the public I was guilty of "improper publicity."

Dr. Galdston's charges meant that the code of "ethics" to which he and his clique pay lip-homage is designed merely to protect the Medical-Social-Service Trust in its violation of public interest. The charges which I had made were criminal charges. The law interprets as manslaughter, destruction of life by acts which deliberately risk jeopardy of human life. The law also states that it is the duty of all persons cognizant of crime and suspected crime to promptly communicate that knowledge to proper authorities. Failure to do so means to become an accomplice after the fact. Therefore, the charges of Dr. Williams and Dr. Galdston mean that they and their clique interpret medical "ethics" as requiring of the members of the organization dominated by them to become accomplices in crimes against society.

It is quite characteristic of racketeering gangs to demand of their members secrecy in matters of crimes committed against the public, and to require that they do not "squeal." The charges filed against me signified that my efforts to save human life was regarded by the organization as "squealing."

MY CHARGES AGAINST ACADEMY COMMITTEE WERE SUSTAINED

In spite of the fact that I had resigned from the New York County Medical Society, I gladly agreed to reply to Drs. Williams' and Galdston's charges before that body. I demanded, however, that the hearings be fair and honest and not the usual star chamber proceedings, that they be open to the press, that the testimony be recorded and transcribed and a copy given to me, that I be permitted to present all my many witnesses, and that the charges which I proved should be reversed against my accusers.

The hearings had barely begun and only a few of my witnesses had testified, when my accuser Dr. Williams began to beat a hasty retreat and sought my permission to withdraw the charges. It was agreed that I had already proved some of my charges. I initially refused to agree to withdrawal of charges against me because I wished to completely rout my accusers and to force the Society to take action against its own bosses. It was pleaded with me, however, that Dr. Linsly R. Williams was seriously ill and dying of cancer. I, therefore, permitted withdrawal of the charges.

I now realize the folly of relenting. The social service and medical gangs later mocked my kindness which they misrepresented as weakness, and repaid the consideration requested for their boss and extended to him, with slander.

"PRESIDENT'S BIRTHDAY BALLS" FINANCED DEADLY EXPERIMENTS

The trail of deaths arising from human experiments with infantile paralysis did not terminate with the tragedies of the "curative" serum. On the contrary, the protection offered to human experimenters by government authorities and the powers of State Medicine, constituted by the Health Departments and their Commissioners, seconded by the great influence of the interested social service rackets, encouraged further human experimentation.

Financed in part by a small grant from the moneys collected through the "President's Birthday Balls," Dr. John A. Kolmer of Temple University, Philadelphia, undertook to infect a group of children with infantile paralysis virus that was supposedly attenuated by treatment with sodium ricinoleate, a soap made from castor oil. On October 8, 1935, Dr. T. M. Rivers of the Rockefeller Institute, reported the results at a meeting of the American Public Health Association. Dr. Rivers' announcement read as follows:

> *"Only eight* out of twelve thousand children who were injected (with the infective material) developed the disease."

In defense of this situation, Dr. Rivers offered the allegation:

> "In the case of the eight children, *it is probable* that they had incurred the malady before they had been injected."

IT IS ALSO POSSIBLE, NAY PROBABLE, THAT THE INFECTIONS AND DEATHS WERE CAUSED BY THE INJECTED VIRUS.

These deaths still further illustrate the menace of authoritarian, irresponsible State Medicine to the health and life of the public. They should be a warning to repudiate the various Compulsory Health Insurance schemes which the self-same group as were responsible for these killings are now seeking to foist upon the public.

RESEARCH COMMITTEE TESTS NEO-SALVARSAN TOXICITY ON HUMAN GUINEA PIGS

With the growth of the power of Organized Social Service and the trend toward Socialized Medicine the regard for human life is rapidly dropping in this country. In connection with the current anti-syphilitic campaign, two such instances have come to light. The infliction of blindness on numerous victims by the poisonous drug tryparsamide, that has been licensed for use by the Rockefeller Institute, has been related. Many cases in which blindness has been inflicted with this drug have been reported in the medical literature.

From the Mt. Sinai Hospital of New York City there has been reported by Drs. Louis Chargin, Harold T. Hyman and William Leifer an experiment with arsenicals on human guinea pigs the purpose of which was to determine how much could be injected into the blood before dangerous poisoning occurred, and to determine whether syphilis can be cured thereby. Their report appeared in the September 29, 1939, issue of the Journal of the American Medical Association, with a laudatory preface by Dr. John L. Rice, Commissioner of Health of New York City.

The experiment was financed by grants from the New York and Markle Foundations, and the Friedsam Fund. It was made with the collaboration of

the Mt. Sinai, New York and Bellevue Hospitals, the United States Public Health Service and the New York Department of Health. The work was done under the auspices of a *research committee* appointed by Commissioner Rice which represented the various groups involved. Dr. Theodore Rosenthal, Director of the Bureau of Social Hygiene, Dr. Louis Chargin and Dr. John L. Rice represented the New York City Health Department. Dr. Charles C. Lieb, professor of pharmacology, Dr. Walter W. Palmer, professor of medicine, Dr. Harold T. Hyman, assistant professor of pharmacology of the College of Physicians and Surgeons, represented the Columbia-Presbyterian Medical Center. Dr. Eugene Du Bois and Dr. Bruce Webster represented the New York Hospital-Cornell Medical Center. Drs. Hyman, Chargin and Leifer represented the Mt. Sinai Hospital. Dr. Walter Clark, the Director of the American Social Hygiene Association, represented that organization.

The arsenicals used have long been known to be poisonous, especially in large doses. In the experiment, the drug was given continuously by intravenous drip in large doses that are known to be toxic. Virtually all of the patients thus treated showed some poisonous effects.

RESULTS: HYPERPYREXIA, POISONING, DEATH. INADEQUATE CONTROLS MAKE SACRIFICES VAIN

Half the patients developed toxic skin eruptions; over one-third showed neuritis that lasted from four to six months; many showed damage to the liver; and two developed convulsions suggestive of inflammation of the brain with hemorrhage. The death of one patient as an immediate result of the treatment is reported by the experimenters. Whether this is the full extent of the injury done to these human guinea pigs, the experimenters themselves do not know. They report that seven failed to report back after discharge from the hospital; and it is conceivable that they might have failed to do so because of serious ailment or death.

The eventual results of the treatment are problematical. The experimenters report that

> "Seventy-six cases are completely sero-negative."

What this might mean, no one knows. For as already has been related, the Wassermann and other serum reactions are not reliable indices of the presence of syphilis in the body. Another item which throws considerable doubt on any conclusions which might be drawn from these human experiments is the fact that in a majority of the patients the poisoning resulted in a fever that ranged as high as 105 F. and lasted as long as ten days. It is known from the experimental work that already has been recounted that high body temperatures result in the destruction of the spirochetes of syphilis and in a true cure in animals. No control was made by the committee on the effect of heat alone on a parallel group of patients. It might perfectly well be that the beneficial results that they may have obtained were not a response to the German Dye Trust's arsenicals but to the fever arising from the poisoning which they caused. If that is the case, there are so many harmless ways of creating fever that the risk of arsenic poisoning is utterly unwarranted.

While an attack on this brutal experiment was in the course of publication, there was hastily released from Mt. Sinai Hospital on April 13, 1940, a newspaper story announcing the "discovery" of a "5 day cure" for syphilis by the same group. This was timed and worded so much like a Hollywood press release that it readily could be taken for publicity matter for the film "The Magic Bullet of Dr. Paul Ehrlich." Curiously enough, a star role was played by the ex-wife of a Hollywood picture director and former Ziegfield Follies beauty. The story related that the drug neo-salvarsan that had been used in the earlier experiments had been abandoned for mapharsan which is a less poisonous arsenical. The story published in the New York *Times* conveyed the impression that the treatment with this drug was proved free of poisonous effects and safe in an *extended study*. This hardly seemed possible in view of the fact that only half a year prior the doctors had made no reference to the drug and six months time is utterly inadequate for such a study. The New York *Herald Tribune* reports with greater accuracy: "A statistical analysis is not yet possible, due to the fact that a year has not elapsed since their completion of the treatments." From what is known of the toxicity of mapharsan, it is scarcely conceivable that it has had no toxic effects in these cases. The significance of this premature publicity remains to be discovered.

The sensational publicity on the risky experiment involving poisoning by large doses of arsenicals, by this influential group of Eastern physicians and their allies of Organized Social Service, the drug industry and the local and Federal governments, contrasts sharply with the suppression in the press of any mention of the brilliant results obtained by a group of less influential physicians of the Miami Valley Hospital of Dayton, Ohio. The explanation may be that their method of treatment of syphilis requires only a *few small doses of arsenicals* in combination with fever therapy, and is less popular with the drug manufacturers and the specialists in syphilis. That it does not involve nearly the risk to the health and life of the patient as does the Mt. Sinai method, seems to be immaterial to the press and to the authorities involved.

Summing up the experiment, the committee risked the lives of eighty-six human guinea pigs, with one acknowledged death, by injecting them with dangerous doses of a drug that is known to be poisonous. No individual physician, in the capacity of private practitioner, would dare risk human lives in this fashion. But experimental committees sponsored by Organized Medicine and Social Service, and philanthropy, are freed of liability by the law and can safely be less scrupulous regarding human health and life.

It is notable that among the members of the committee are some staunch advocates of Socialized Medicine and Compulsory Health Insurance, and representatives of State Medicine. These incidents and others like them warn the public to ponder seriously before risking their lives by fostering such programs.

It is anomalous that there exist numerous vociferous organizations for the prevention of cruelty to animals, but there is no group interested especially in preventing the cruelties of human experimentation. Such groups would vigorously oppose the programs of advocates of Compulsory Health Insurance and the "mass production" which it implies.

MALPRACTISE CONSPIRACY MENACES PUBLIC

The gangster code which masquerades in the form of "medical ethics" offers another indirect menace to the health and life of the community in the form of the conspiracy of insurance companies to protect physicians from the consequences of any malpractise which they might perpetrate. It is quite true that this conspiracy has arisen in defense against the racket of some patients who systematically bring unjustified malpractise suits against physicians for the sole purpose of avoiding payment for services rendered and of swindling the doctor.

It is equally true that medical societies in collaboration with insurance companies are often guilty of "inducing" their members to perjure themselves and to compound felonies, in a conspiracy to protect fellow members against legitimate malpractise suits. Physicians also are virtually barred from testifying for a patient against a colleague either by the terms of the malpractise insurance policy or by pressure and intimidation. It is generally impossible for a victim of malpractise or his attorney to secure expert medical testimony against a member of Organized Medicine. The protection which the law supposedly offers the public against malpractise of physicians has become so twisted and perverted as to bar recovery for the victims of gross and obvious malpractise. This has served to dangerously cheapen human life.

Exemption from liability for malpractise of hospitals, clinics, and other pseudo-charitable or charitable institutions is especially dangerous. For it is in those institutions devoted to "mass production" that the greatest number of persons can be injured by carelessness, neglect and malpractise; and it is in those institutions that the pressure of work and lack of personal responsibility of the medical and other personnel are most apt to combine with lack of liability to form a highly potent factor in encouraging negligence and malpractise.

"ACCEPTED MEDICAL PRACTICE" MENACES PUBLIC

The legal concept of "accepted medical practise" as a justification of treatment resulting in injury or death, also encourages and protects neglect and malpractise. It is fixed by the political leaders or bosses in medicine who, as has been made clear, are not so constituted as to resist venal impulses. Since surgery is more lucrative to them than the practise of medicine and since the public is more willing to be parted from its money by surgery, it is not surprising that "accepted practise" favors surgery and suppresses successful medical therapy, whenever possible, and thereby increases the hazards of the public.

CHAPTER XVI.

STATE MEDICINE AND COMPULSORY HEALTH INSURANCE

TOTALITARIAN QUACK REMEDIES A LA BISMARCK

THE stresses of depression have accentuated the need for a solution of many of the problems around which the Medical and Social Service Rackets have revolved. Having gained virtual control of our government, the latter unscrupulously have thrown the entire blame for hospital and medical costs on the former. Equally unscrupulously, they are advocating Compulsory Health Insurance or State Medicine as a remedy.

This pretended remedy is a part of the original treacherous German propaganda program, which already has been described, for forcing the Bismarxian "New Deal" on the United States to handicap its industries and commerce.

The propaganda has been well organized and is spread by a vast array of organizations which either have been established specially for the purpose or have been inveigled into espousing this "'cause." In the front ranks of these propagandists are the multitudinous organizations of the Social Service Racket. Side by side with them are medical and the "liberal," radical, Socialist, Communist, united front, fellow traveler, labor and outright seditious organizations. Both the Democratic and Republican parties now have joined their ranks. Thus on March 19, 1940, Republican Senator Henry Cabot Lodge of Massachussetts introduced a health insurance bill that provides forty dollars a year from Security funds for medical care and Federal funds for payment for expensive drugs. This is designed as a direct subsidy of the profits of the Drug Trust.

Linking together and pervading all of these organizations there are professional, political and social service agitators who constitute a cabal that devote their entire lives to this and allied subversive activities. Most of them have penetrated into high rank in our governmental, university and school systems in the manner that has become the accepted form demanded by the high standards of modern propaganda and espionage.

So highly do the Communist propagandists regard Socialized Medicine that they included a special course on "the organization of medicine as a state function" in the Anglo-American section of the Summer session of the Moscow University. On the staff were Susan M. Kingsbury, Harry W. Chase, John Dewey, Hallie F. Flannagan, George S. Counts and William F. Russell, a group of American university professors.

Lurking in the background, fomenting the agitation and liberally supporting it with funds are the subsidiaries and agents of the German Dye Trust. As has been related, it expects to reap as profit, with the aid of the dictatorial,

arbitrary and needlessly destructive Food and Drug Act, a monopolistic control of the highly profitable American drug trade. In the same manner it has gained control of the drug industries of more than a score of countries.

THE AGITATORS PROPOSE TO SADDLE THEMSELVES AND THEIR ALLIES ON THE GOVERNMENT PAYROLL AS ADMINISTRATORS OF THE PLAN. THERE THEY EXPECT TO BE SUPPORTED IN THE SUMPTUOUS STYLE THAT THEY DEEM SUITABLE, BY THE MONEY EXTRACTED FROM PAY ENVELOPES. THEY ALSO PROPOSE TO USE THEIR POSITIONS FOR FURTHER SUBVERSIVE PROPAGANDA.

RECENT CONGRESSIONAL INVESTIGATIONS HAVE REVEALED HOW THE COMMUNIST PROPAGANDA IS MADE SELF-SUPPORTING IN THE U. S. BY THE SETTING UP OF DOMESTIC ORGANIZATIONS WHICH COLLECT FUNDS OSTENSIBLY FOR OTHER PURPOSES AND CONVERT THEM TO PROPAGANDA USES.

THE RELIEF, UNEMPLOYMENT INSURANCE AND SECURITY ADMINISTRATIONS, CONGRESSIONAL INVESTIGATIONS HAVE REVEALED, ALREADY ARE FILLED WITH ANTI-AMERICAN PROPAGANDISTS OF ALIEN "ISMS." AND MUCH OF THE ENORMOUS VOLUME OF MONEY WHICH THE NATION IS POURING INTO THEM IS BEING DIVERTED AND CONVERTED INTO PROPAGANDA FUNDS.

COMPULSORY HEALTH INSURANCE IS REGARDED BY THESE AGITATORS AS THE RICHEST POSSIBLE SOURCE OF FUNDS FOR THEIR ACTIVITIES, WHICH EXPLAINS THE INTENSITY AND INSISTENCE OF THEIR DRIVE FOR ITS ADOPTION.

FEDERAL AND STATE GOVERNMENTS—FORUMS FOR PROPAGANDA

These agitators have been highly successful in using the Federal and State governments, which they now control, as forums for their propaganda. They have staged impressive "conferences" and "investigations" that have been crudely rigged propaganda for their plans mouthed by their henchmen. All persons or organizations that might tell the truth or expose the propagandists and their plots are barred from a hearing. They are staged in the same spirit and with the same technique as similar elements in Russia and Germany have staged their "purge" and Reichstag trials.

Most prominent among these forums were the National Health Conference held in Washington in the summer of 1939, and the December 1938 hearings of the New York State Temporary Commission to Formulate a Health Program. Appropriations for both were provided by bills introduced respectively by Senator Robert F. Wagner and Assemblyman Robert F. Wagner, Jr. In both forums the same organizations were represented by the same group of propagandists and agitators. They presented stereotyped false data and statistics that have been standardized by them during years of use. Their falseness is obvious from an analysis of their ideas, stripped of the camouflage of verbiage, which are as follows:

> The great majority of the American public are "medically indigent." The propagandists do not say, however, that it is "automobile indigent," "beauty parlor indigent" or "liquor indigent," though it spends more on each of those items than it does on medical care.

Poverty breeds illness due to lack of medical care.

Medical care is a basic need for the maintenance of health.

THE REMEDY FOR NEED IS OFFICIAL EXTORTION, or forcing the public to pay for medical care by compulsory deduction from their wages of the money that it is alleged they cannot afford to pay.

They wish us to believe that the health of the nation will benefit in spite of the lack of food, clothing and shelter which the deducted money represents, vicariously by the fattening and battening thereon of the agitators, propagandists and social service bureaucracy; and by filling with cheap medicine victims who lack the necessities of life. Their arguments are as obviously absurd as their motives are specious and false.

THE "MEDICINE SHOW"

The absurdity of the representations of the propagandists is made most clear by the "Medicine Show," a recent production in the "living newspaper," W.P.A. Communist propaganda program. This liturgical mystery play of the Communist Church makes it quite clear that the underlying cause of misery and disease is poverty and not the lack of medical care.

It presents no solution of the problem. Instead it absurdly intimates that Compulsory Health Insurance, especially in the form of the Wagner Bill, that proposes to deduct insurance payments from the workers' payrolls, will solve the problem. The maudlin audiences are overcome by their own wishful thoughts on the topic and by a quasi-religious fervor aroused by the sloppy emotionalism of the acting and the seething hatred depicted, and applaud loudly and long.

Few of the audience show enough good sense to stop and consider that wage deductions for insurance premium payments will intensify poverty and its consequences; that the only real and complete solution of the problem of health and medical care for the needy is the solution of the problem of poverty.

THE "HEALTH INSURANCE" FRAUD

The Health Insurance and State Medicine campaigns which are now being waged in the press by social service and by government agencies is characterized by gross misrepresentation, deceit and fraud on the American public.

The public is being led to believe that the object of the proposed measures is to reduce for it the cost of medical care. The reverse is the truth.

ALL THE "HEALTH INSURANCE" PLANS WHICH HAVE BEEN ADVANCED WILL COMPEL THE PUBLIC TO PAY HIGHLY FOR MEDICAL SERVICES WHICH IT NOW RECEIVES FREE OF ALL DIRECT CHARGE.

When Mr. Jones becomes ill, today, he can go to a municipal or county hospital and may claim the medical services available free of charge. To do so is his right as a resident of the community, whether he be rich or poor. In relatively few sections of the country are such facilities entirely lacking.

But with the adoption of any of the forms of State Medicine which have been proposed, Mr. Jones will no longer have this right to medical care unless he pays into the insurance fund a high percent of his wage. These contributions and levies are the essence of the "insurance."

The estimated cost of this health insurance to Mr. Jones ranges from five to fifteen percent of his wages. The total cost of all the "health," "security," and "welfare" measures, adopted and contemplated, will range from fifteen to twenty percent of his wages.

If Mr. Jones' present wage is scarcely sufficient to purchase food, clothing and shelter, can one fail to realize how soon the costly "welfare" program will reduce him to misery, starvation, disease and possibly worse?

The campaign to secure the passage of "health insurance" legislation is being waged very astutely by its advocates. They not only misrepresent their program to the public, but they also misrepresent the source of the demand for it as coming from the public. They ride human gullibility hard when they seek to create the impression THAT THE PUBLIC DEMANDS TO PAY FOR SOMETHING WHICH IT NOW RECEIVES FOR NOTHING.

There is little reason to believe that these astute propagandists will not succeed in their swindle and fraud on the American public if their censorship and their corruption of the Press cannot be penetrated by the truth. With their present set-up they could even manage to make the legislators believe that the public wants to pay more taxes, that it desires to have its rent increased and that it insists on an increase of the cost of living and a drop in wages.

THE POLITICIAN AND "SOCIALIZED" MEDICINE

Only politicians pretend to be deceived by the sham that the demand for Socialized Medicine arises from the public. The political demagogue seeks the highest advantage to himself that is compatible with holding the vote at the next election. In this he is more restrained than the social service crew who even need not keep an eye on the vote but seek their own advantage only.

Compulsory Health Insurance makes of medicine a political tool that can be used to hold votes and to create numerous jobs for ward-heelers; and is an issue that can readily be popularized by misrepresentation. It is the ideal weapon of the demagogue as well as of treacherous propagandists. It is not surprising that the "leaders" of all political parties are adopting the issue of Compulsory Health Insurance as the basis of their political platforms. If they did not they would be statesmen, not demagogues.

MEDICAL SERFS FAVOR COMPULSORY HEALTH INSURANCE

Medical serfs, the rank and file of the medical profession, favor Compulsory Health Insurance. Contrary to the impression which is being given the public by the press, they have joined the ranks of the propagandists. Their motives are frankly and openly mercenary, and consequently their support of the measure is being kept carefully from public notice. They want Compulsory Health Insurance because under its terms the public will be forced to pay for the services that are now rendered by them free of charge in clinics and hospitals. Part of the money which the public will pay under the proposed plans would be given to the doctors for charitable services, the entire burden of which they are now carrying.

Likewise a group of public health officers who have been placed in office by the propagandists favor Compulsory Health Insurance because they are

ordered to do so and because it means bigger and better jobs for them. In some communities they are building up health departments and other government services with an eye to converting them to the use of a Compulsory Health Insurance plan.

MEDICAL BOSSES WANT EXTENSION OF STATE MEDICINE

The medical leaders, merchants and bosses, however, are all opposed to Compulsory Health Insurance because it would reduce their incomes. But they do favor an extension of the same type of State Medicine the development of which they have fostered during the past four decades, because it serves their aggrandizement and advertises their businesses.

The American Medical Association, since the earliest days of its renaissance under "Doc" Simmons, has fostered the idea of concentration of control of the Government's medical services into the hands of a Secretary of Health, a proposed member of the President's Cabinet who will be appointed from among its bosses. This indeed would lend the force of governmental sanction to the rackets of organized medicine.

Drs. Morris Fishbein and Charles Gordon Heyd, ex-president and officer of the A. M. A. and A. C. S. have both made such suggestions public in the last several months. The A. M. A. is making its ancient aspiration the backbone of its counter-proposal to the Wagner Act, with the added proviso that the Government pay the cost of charitable medical care and hospitalization. Thus the two rackets, medical and social service, are jockeying for the chance to rifle the public purse. The compromise Hospital Bill that has been proposed by Roosevelt and introduced by Wagner is a bribe for medical merchants and an entering wedge for the propagandists.

SOCIAL SERVICE SEEKS FORTUNE IN STATE MEDICINE

For many decades the social service cliques and their insurance allies have cast invidious eyes on the billions of dollars that are spent by the public for medical care, hospitalization and nursing. Compulsory Health Insurance bills introduced in New York State Legislature in 1919 and 1920 by the social service gang were vigorously fought by the Metropolitan Life Insurance Company which sought the profitable domain of health insurance for itself. Now these former enemies have joined forces for no good purposes.

To throw dust into the eyes of the public, they have conducted bogus health campaigns and demonstrations, and misleading and falsified surveys on "The High Cost of Medical Care." But public suspicion should be aroused because in spite of all the statistics which the social service cliques hurl at the public, they never issue any on the cost of their own activities to the nation. They have never undertaken to reveal to the public the exorbitant cost of their own meddling, and the conversion to their own uses of charitable and trust funds intended by donors for relief and medical care of the poor. The history of their activities makes it clear that the purpose of their deception is the desire to profit from the control of medicine and to gain for themselves more and better jobs and higher wages.

To be sure there are also agitators and propagandists who worship at

foreign shrines and serve other lands. They whisper among themselves that the staggering burden of taxation which their plans imply will paralyze industry and commerce in the U. S. as it has in other lands where their subversive activity has succeeded. Some whisper that this will benefit the Vaterland. Others whisper that the tax burden will precipitate "the Revolution." They are rats who "bore from within" for personal profit and baser motives, under the guise of high ideals.

What the public can expect from the social service gentry and the remedies which they offer can be judged in two manners. Some premonition can be had from the maladministration of the Workmen's Compensation Act, one of their proud creations. A brilliant picture of the Compulsory Health Insurance remedy which they are now brewing for this country can be had from a study of its operation in other lands that have adopted it as a result of their propaganda. Finally, the present corrupt and deplorable state of public health administration in this country demonstrates how dangerous is existent State or "Socialized" Medicine and dictates it abolition rather than its extension.

DESPITE INSURANCE THE HEALTH OF GERMANY IS DEPLORABLE

The effects of the "welfare" measures of Bismarck's "New Deal" on Germany have been noted. How futile is Compulsory Insurance in preserving the health of a nation is apparent from Germany today. Some mention has also been made of the results that ensued when German propaganda secured the adoption of the same measures in France and England. Regarding its results in Communist Russia an honest evaluation is not possible because the breakdown is so complete and the information available is biased and unreliable propaganda. Only one seemingly reliable bit of information regarding "Socialized" Medicine in Russia seems to have emerged—the death of Maxim Gorki. This was the statements, no doubt extorted, by two doctors to the effect that they had been compelled for political reasons to put Gorki to death with drugs—a likely use of this type of medical care.

COMPULSORY HEALTH INSURANCE IN ENGLAND A FAILURE

Complete and reliable information on the operation of Compulsory Health Insurance in England is available since 1915 in the annual reports of the Ministry of Health. Since these reports cannot be regarded as biased except in favor of Compulsory Health Insurance, their study yields a picture of the operation of the plan which should stand above all suspicion. The prosperity years 1925 to 1928 were selected as a fairer basis for discussion because they show up more favorably for the plan than later years of depression.

Study of disease incidence and mortality in England reveals that Compulsory Health Insurance has been a wretched failure. It has failed miserably to reduce the incidence of preventable diseases, which have increased steadily.

Smallpox had been almost entirely eliminated in England under the private practice of medicine. After more than a decade of State Medicine, the incidence of smallpox and other preventable contagious and infectious diseases in England was higher than ever, as indicated in the tabulation below.

INCIDENCE OF CONTAGIOUS AND INFECTIOUS DISEASES IN ENGLAND

1925-28

	1925	1926	1927	1928
Smallpox				
Cases	5353	10141	14787	12420
Deaths	6	11	36	53
Diphtheria (1)				
Cases	47720	51069	52011	61134
Deaths	2774	2994	2732	3191
Enteric fever (2)				
Cases	2779	2739	2553	3495
Deaths	388	367	367	438

(1) The incidence of Diphtheria in 1934 was: cases, 68759; deaths, 4085.
(2) Including typhoid and paratyphoid.

Of special interest is the influence of State Medicine on the incidence of syphilis and venereal disease, in view of the current campaign in this country. Syphilis claimed 22,010 new victims in England in 1924, and 22,761 in 1928, an increase of 3%. Gonorrhea claimed 29,477 in 1922, and 42,032 in 1928; the latter figure was the highest number of new cases recorded since the inception of State Medicine in England. The total of venereal diseases rose steadily from 56,347 in 1922, to 65,931 in 1928.

STATE MEDICINE CREATES CONTEMPT OF MEDICAL ADVICE

The rising incidence of smallpox represented an index of the loss of prestige and authority of the doctor in the role of the hireling of the community. This growing contempt for the doctor expressed itself in the terms of a drop in the percentage of infants vaccinated from 48.7% in 1923, to 40.0% in 1930, with a corresponding rise in the incidence of smallpox.

The effect of State Medicine, in all the different forms in which it has been tried, upon the character of the public and the attitude of the patients to their medical advisers has been distinctly deleterious. Folks are inclined to value a commodity or service according to the charge placed upon it. Also, they esteem a man in proportion to the amount of authority which he exercises over them; and value his opinions and ideas accordingly. When they find that their physician is a low-paid hireling whose tenure of position is insecure and subject to their whims, they scorn him and his advice. This psychologic reaction has resulted, under Compulsory Health Insurance and State Medicine plans, in public disregard and contempt for the preventive health measures recommended by the medical profession, and in a consequent deterioration of health.

THE PANEL SYSTEM

The British Panel System, like other forms of Compulsory Health Insurance and State Medicine, is a system of medical "mass production." Its evils are intensified by politics and by social service control. The cost of administration and red tape has mounted steadily. After administrative costs and bene-

fits have been paid, there is little left of the money collected from the public for defraying the costs of medical and other services.

The panel doctor receives a very small sum per patient each month. In order to make a scant living he must enlist as large a number of patients as possible. These he must make a hurried pretense of examining and treating, for no one may be kept waiting or turned away. This rush means careless negligence that often spells disability and death.

TREATMENT "STANDARDIZED"

Standardized methods of treatment are imposed upon the doctors by a controlling committee and bureaucracy. As a consequence, medical treatment, which is at best largely empiric and inadequate, loses flexibility and adaptability that often help to save or prolong life. But in self defense, the doctors must obey the orders of the swivel-chair squad and adhere to the standardized treatments. For in case of investigation of cause of death, the Ministry merely seeks to confirm that the treatments that were followed by death were the "accepted" methods.

As in all bureaucratic forms of medicine, there is barred play to the ingenuity and perseverance of a physician in fighting death, that alone may turn the tide; for that often means deviation from "accepted" methods. As a result England's death-rate has risen steadily. It was so high in 1938 that an effort was made to suppress its publication.

REPORTS AND CERTIFICATES MAKE CLERKS OF DOCTORS

Much of the hard-pressed panel doctor's time must be spent in keeping records, making reports, complying with red-tape, undergoing investigation and issuing disability certificates. He is reduced to the role of a clerk and pawn of a "mass production" machine of which the principal output is malpractice.

Most important, in the Panel System, is the issuance of certificates for "sickness disability payments." They present to the doctors a grave problem. The doctor who issues more certificates than the bureaucrats think justified lays himself open to investigation, censure and penalty. But the doctor who issues fewer disability certificates than his patients demand soon finds his panel deserted; for the drones seek to avoid work by malingering sickness and prolonging disability. The doctors are helpless to avert the pressure of their employer-patients and are forced to falsely attest to disabilities in order to retain their practises and make a living.

PRICE LIMITS MEDICINES USED

A large section of the Ministry's report is filled by the question of drugs and their cost. The amount of money left for the purchase of drugs under these plans is very small. A list of cheap drugs, known as "economic pharmacopoeia," limits the range of prescribing by physicians. Other drugs that are more expensive may not be used, no matter how required they may be, except in case of threatening death. These lists bar the use of many essential drugs such as the hormones, which are costly, except at the expense of the patient.

In ordering medication for his patient, the panel doctor faces another thorny dilemma. He may use only those remedies which are approved by the State as being sufficiently cheap for panel use; and he must be sparing even in his use of those. The bureaucrats and chair-warmers of the Ministry safeguard their salaries by fixing a maximum expense per patient for drugs. If the doctor finds it necessary to prescribe more costly medicines, or a larger volume of the inexpensive medicines, than his superiors allow, he finds himself brought up on charges of extravagant or needless prescribing. The cost of the medication is then charged to his salary, and he is fined.

USE OF NEEDED MEDICINES IS PENALIZED

The report of His Majesty's Ministry of Health for the year 1928 relates as follows:

> "Excessive prescribing is ordering or supplying drugs or appliances in such a way as to throw upon the funds available for the provision of medical benefit a charge in excess of what is reasonably necessary for the adequate treatment of patients.
>
> "It remains, as it always has been, the business of the doctor, after examining the patient, to prescribe or supply whatever drugs, in his professional judgment, are reasonably necessary for adequate treatment.
>
> "The right to exercise his discretion in this way carries with it the duty to justify in the first instance to his professional brethren, the manner in which he has exercised it, if on an investigation of the orders of supplies given by him and the charges involved, it seems right to the Minister that he should be called upon to do so.
>
> "It is further important to bear in mind, both as evidence of the manner in which the Article is administered, and as a testimony to the measure of sound discretion generally exercised by doctors in prescribing, that the cases in which money has ultimately been withheld from the doctors on account of excessive prescribing, of which there were twenty-one during 1928-29, are a very small proportion, serious as some of them have been, of the number of cases in which prescribing has been reviewed, or even of the number of cases of which the Minister has caused an investigation, in the sense of the Article, to be made.
>
> "The regional medical officers paid over twelve hundred visits during the year to doctors who had given prescriptions in such numbers or of such kinds as to call for explanation, as to
>
> (1) Whether the doctors prescribing had imposed any cost on the available funds in excess of what was reasonably necessary, and
>
> (2) If so, what was the amount?

"In 18 of the 24 cases in which the Panel Committees' findings has been intimated to the Minister before the end of the year, the Panel Committees found that an excess cost had been imposed. The amounts of excess cost (that is, the excess occasioned by doctors prescribing during the single quarterly periods under investigation) found by the Panel

Committees varied from as little as about two pounds to as much as about two hundred and forty-three pounds (the latter in respect of the prescribing of two partners).

"Some (Panel Committees) have recommended to the Minister to withhold the full amounts of excess cost found by professional bodies (Panel Committees or referees) to have been occasioned by the doctors prescribing; others have submitted that only a small part of the amounts should be withheld."

One can understand that the danger of having the cost of required medication deducted from his meagre wage makes the doctor weigh the health and life of the patient against his own income and livelihood. This also makes it apparent how secondary are health and life to the items of expense, administion, red tape and politics in State Medicine.

DOCTORS' EARNINGS MEAGRE

The average earnings of a doctor under the panel system in England is about eighteen hundred dollars a year; and in Wales about nine hundred dollars. On such earnings a doctor can scarcely exist. And it is certainly impossible for him, because of limitations of income, to maintain his competence as a physician by keeping abreast of medical advance. This involves the purchase of expensive medical books and journals, and visits to centers of medical learning to become acquainted with innovations. The peace of mind, the time and the leisure, as well as the means required for this purpose are out of question for the panel doctor. One can realize that only doctors that are driven by urgent necessity, or those of a low ethical and mental calibre would consent to practice medicine under these circumstances. The situation is well portrayed in Cronin's "Citadel."

"IDEALS" OF PANEL PRACTICE

A clearer picture of the physician who practices under Compulsory Health Insurance, and the type of medical care which he gives his clientele under the English system is drawn by Francis Brett Young in "The Young Physician"*:

. . . Edwin, quickly recovering his sense of humour, pulled out Edmondson's letter and handed it to the doctor.

"Well, now, why didn't you say so at first," said Dr. Harris, scratching a bristly grey chin. "Yes . . . I did mention to their manager that I was in want of some one to do a bit of rough dispensing and keep this place tidy. You see I don't live here. It's what we call a lock-up, and the work's so pressing that I've really no time to do my own dispensing.

"You look very young. Final year . . ." Then his eyes brightened. "Have you done your midwifery yet?"

"No, I shall do that later in the year."

"That's a pity . . . a pity. You could have been very useful to me in that way, keeping cases going, you know, so that I could be in at the finish. I could do twice the amount of midwifery that I do now if I had

* THE YOUNG PHYSICIAN, by Francis Brett Young, E. P. Dutton & Co., New York City, 1920.

some one to keep an eye on them. Before the General Medical Council did away with unqualified assistants, I used to keep three of them; paid me well, too. Now I've got to do everything myself. It's a dog's life, but there's money in it, I don't mind telling you.

"You can learn a lot of useful things about general practice here," said Dr. Harris. "It should be extremely useful to you; you see, I've been at this game for thirty years. It's a great chance for you." He took up a handful of silver from the open drawer and started to jingle it. "Look here, you're wasting time."

He led Edwin behind the green baize curtain at the back of his desk, disclosing a set of shelves and a counter stained with the rings of bottles and measuring glasses. At the end of the counter was a sink into which a tap with a tapered nozzle dripped dismally. One drawer held labels, another corks, a third a selection of eight-ounce, four-ounce, and two-ounce bottles. At the back of the counter stood a row of Winchester Quarts, of indefinite contents, labelled with the Roman numerals from one to nine. Dr. Harris swabbed the swimming counter with a rag that was already saturated with medicine.

"You can learn all you want in five minutes," he said. "There's no time for refinements in this sort of practice. These big bottles are all stock mixtures, and whatever they teach you in your universities, I can tell you that these nine mixtures will carry you through life. There you are . . . Number One: White Mixture. Number Two: Soda and Rhubarb. Number Three: Bismuth's expensive. Number Four: Febrifuge . . . Liquor Ammon. Acet. and that. Number Five: Iron and Mag. Sulph. And so on. . . . Number Nine: Mercury and Pot. Iod . . . you know what that's for," with a laugh, "We use a lot of that here. Now you've one ounce of each stock mixture to an eight-ounce bottle, and a two-tablespoonful dose. I used to put them up in six-ounce bottles; but if you give them eight ounces they think they're getting more for the money: they don't realize they're getting eight doses instead of twelve, and that's their lookout. Isn't it? Same proportions for children and infants, only you use the four and two-ounce bottles instead, with dessert-spoon and teaspoonful doses. Simple, isn't it? But you want to simplify if you're going to make money in these days. Now, is that quite clear?"

"Quite clear."

"Well, then, when a patient comes in I have a look at him—with my experience you can tell in a moment—and I give you a slip of paper behind the curtain. Like this. 'Mrs. Jones. No. 5. T. D. S.' Mrs. means an eight-ounce bottle. One ounce of Number Five stock mixture. One tablespoonful three times a day. Then, if I put '4tis horis' instead of 'T. D. S.,' it means a tablespoonful every four hours; but I only do that when I see they can afford to get through the bottle more quickly. You'll find powders in that drawer. Antifebrin—it's cheaper than phenacetin and caffein. And calomel for children. Then, as I was saying, while I have a look at the patient and ask him one or two questions you make up the medicine."

"Suppose, when you've had a talk to him, you change your mind about the treatment."

"I never change my mind. There's no time for that," said Dr. Harris. "And if I did we could change the medicine next time. But you needn't worry about the treatment; that's part of the business. Why" —and the little man expanded— "I shouldn't wonder if we got through as many as a hundred patients in a couple of hours, the two of us together. Now, are you ready?"

He left Edwin behind the curtain and rang his bell. A patient entered, and as soon as the doctor had said good-evening to her the prescription was passed behind the curtain and Edwin proceeded to fill a bottle from one of the Winchester Quarts. This business went on monotonously for another hour. Edwin dispensed mechanically in a kind of dream. He never saw a single patient; but little scraps of conversation showed him that most of them were suffering from the evils of poor housing and a sedentary life. It consoled him to think that most of the mixtures that he dispensed were relatively harmless. Sometimes, by an access of solicitude and deference in the doctor's voice, he could gather that the patient was of a higher social degree, and he smiled to find, in these cases, that the mixture was invariably prescribed in four-hourly doses.

All the men, it appeared, were judged to be in need of White Mixture or Rhubarb; all the women demanded Iron and Mag. Sulph; all the children were treated with a treacly cough mixture or calomel powders. In the space of an hour he must have dispensed at least forty bottles of medicine, and towards the end of the evening he noticed that Dr. Harris became even more perfunctory in his examinations—if such a word were ever justified—and that signs of irritation began to show themselves in his voice. At last the waiting-room bell rang twice, and no patient appeared.

"A good average day," he said. "Three pounds ten." He shovelled the silver from the drawer into a leather bag that weighted down his coat pocket. "That takes a lot of making at a shilling a time. Well how do you like it?"

ENGLISH PUBLIC'S VERDICT ON PANEL SYSTEM

At the annual meeting of the National Federation of Employees' Approved Societies, held in London on March 5, 1929, the following picture was drawn of State Medicine in England.*

"Since the second valuation (1922-23) sickness experience has been steadily increasing. . . . State Insurance is now essentially a part of our industrial system, but as long as the whole burden of responsibility for the prevention and cure of industrial sickness is left to insurance practitioners under conditions existing today, it is not likely that much progress would be made towards removing the serious menace to industrial efficiency.

"A good deal was heard at the conference in criticism of insurance

(* Reported in the Supplement to the British Medical Journal, March 23, 1929, page 70).

service, one SPEAKER DECLARING THAT AFTER SIXTEEN YEARS OF THE PANEL THERE WAS TODAY MORE SICKNESS THAN BEFORE."

England has good reasons to be dissatisfied with its Compulsory Health Insurance program. Social service cliques had promised that it would result in an improvement in national health, exactly as they are promising it to us. The falseness of their promises might have been sensed a priori. But even this scarcely would have anticipated the extent of the failure of State Medicine in England. Its effects are manifest in current history.

The best commentary on State Medicine in England is the fact that some of the keenest minds in the British medical profession—Brett Young, Somerset Maughan and Cronin, for instance—have deserted medicine for literature.

DIALECTICS OF THE PROPAGANDISTS

Some of our propagandists of Compulsory Health Insurance insist that any damaging picture of the English panel system is "false and reprehensible propaganda." They apply these terms to all facts with which they disagree or which do not serve their purposes. But the extent of their own bias and falsification is revealed by the facts. The mortality rate in England in 1938 was one of the highest in the civilized world. At the same time the state of health of the citizenry, especially the youth, was so alarming that a health campaign was instituted to remedy the situation. In February 1940, the Burden Mental Research Trust, of Bristol, reported that the level of intelligence of Britain is now declining more rapidly than ever before. This has occurred despite, or more correctly because of, the "welfare" and "socialized" medicine program. Compulsory Health Insurance has failed as completely in England as it has in Germany and in every other country where it has been tried.

Other propagandists, who better realize the futility of tampering with the truth, acknowledge the failure of the British system but assert that it is due to a defect in the particular plan adopted. This is completely refuted by similar failure of different plans adopted in other lands. Twenty or more diverse plans of Compulsory Health Insurance with all conceivable varieties of variations have been adopted in as many lands and they have all failed equally ignominiously. These failures the agitators brush aside with the same apologies. But they can point to no country where the program has succeeded.

MENACES OF COMPULSORY HEALTH INSURANCE

It requires little intelligence or thought to realize that the basic ideas that underlie Compulsory Health Insurance are vicious and false. Any plans or organizations based on those ideas are equally vicious, are certain to injure the interests of the public and are doomed to failure.

More significant than the failure of the plan itself is its implied violation of the basic principles of our government. It implies extreme regimentation of the populace, with the government in the role of paternalist autocrat. Human beings would become mere registration numbers from the viewpoint of the government. The mislaying, mixup or loss of office records would mean temporary or permanent "liquidation" of the individual involved and confiscation

of his contributions. This could be fashioned into an excellent political weapon for forcing party regularity.

That this is not a theoretic consideration is made obvious by the millions of records now lost in or from the files of the U. S. Security regime. The Administration has announced that as a result of the loss of these records many of the persons involved will lose permanently all their rights under the law. This is an invariable consequence of regimentation, centralization and bureaucratization of a large and populous land.

There are also phases of Compulsory Health Insurance that violate privacy and sense of decency. Under the system one's ailments and the most intimate phases of one's life are made matters of public record which any one who cares to make the special effort might inspect. In this manner one's innermost weaknesses would be betrayed to fiancé, to prospective employer or to dangerous enemies.

The effect of the Workmen's Compensation Act in excluding from employment workers over the age of forty indicates what such a system might mean to employability. The utterly unwarranted suicides which have been caused by the mixups under the premarital blood test and venereal certificate laws, one of which has recently drawn the comment of Walter Winchell, give some insight into the tragedies which inevitably result from such devices.

In connection with the same campaign, the director of the Bureau of Social Hygiene of the New York City Health Department announced before the greater New York Safety Council on April 18, 1940, that many employers dismiss or refuse employment to persons who have had syphilis or who are merely suspected of it because they have positive Wassermann reactions. The public clinics for the treatment make public records of the private affairs and ailments of their patients that influential employers can gain access to. It is a natural consequence of any State Medical system that will inevitably bar many workers from employment.

The power of life and death which Compulsory Health Insurance laws place in bureaucracy must not be forgotten. The death of Maxim Gorki at the hands of the servants of Russian's "Socialized Medicine," which has been mentioned, is one of many instances. In the earlier years of the Nazi regime, the sterilization laws originally passed to prevent the breeding of hereditary defects were used against the enemies and victims of the government. It is not difficult to realize how Compulsory Health Insurance and universal State Medicine could be used by governments, in the heat of partisanship, to destroy their opponents. One can readily conceive that the intensity of animosity which the "New Deal" displays toward its opponents might take the expression, under such laws, of sterilization of their opponents or of euthanasia, their destruction by medical devices "in the interest of public weal." A change of government might result in the sterilizers being sterilized, and in the complete undoing of the nation.

A situation of this character has been reported recently from Poland. The Germans are said to be sterilizing Polish boys by x-ray. It remains to be seen what the Polish will do with the Germans. This mode of warfare may be a real solution of the European problem.

The medical situation in this country is bad enough as it stands, without further aggravation. The country would do well to heed the warning offered by the miscarriage of Compulsory Health Insurance and State Medical plans, and to destroy Social Service Rackets and their schemes.

MEDICAL REORGANIZATION IS NECESSARY

The interests of both the public and of the rank and file of the medical profession require a reorganization of medicine for the provision of superior medical care at a minimal cost compatible with quality. The majority of the medical profession clamor for such a plan.

Properly reorganized medicine would give the public medical service superior to the best available today, higher in calibre and involving a real interest of the physician in the well-being of his patient. All this should be made available to the public at a cost that is minimal while insuring maximal earnings to the physicians. This can only be attained by eliminating all middlemen, such as politicians and social workers, and by reducing costs of administration to an absolute minimum. All forms of Compulsory Health Insurance that ever have been adopted or proposed do exactly the reverse.

CHAPTER XVII.

THE SOLUTION OF THE PROBLEM OF MEDICAL CARE

BEFORE embarking on a discussion of medical care it should be reiterated that good health does not depend primarily on medical care. Proper food, clothing and shelter are more fundamental requisites for good health than the best medicines. Conversely, thanks to the power of self-repair with which Nature has endowed Man, he often survives the vilest abuse and the most incompetent medical treatment. The history of medicine attests that it is fortunate for human survival that "a good man is hard to kill."

It is a foregone conclusion that a solution of the question of medical care will not be found in the proposals of either the Medical or Social Service Rackets. Both merely seek their own advantage and profit and are largely responsible for aggravating the situation. In fact, without their elimination no solution is possible; for their use as political devices has not only impaired the calibre of medical services but has also dangerously cheapened human life. Any solution must correct these evils.

ESSENTIAL FEATURES OF SOLUTION

The public certainly should not entrust the solution to the politician. It should effect an arrangement directly with the medical profession that would eliminate all middlemen or political bosses. Any adopted plan must have certain essential features, among which are the following:

The atmosphere of cut-throat rivalry and commercialism which has always characterized medical care must be supplanted by a spirit of humane collaboration of all groups involved.

The highest quality of medical care will be insured only when the advantages of both the patient and the doctor coincide. The plan must make it profitable for the doctor to keep his patients well.

The cost to the public must be as low as is compatible with the highest grade of medical care. The entire cost should be brought within the means of the average man by distribution of risks and should be payable in fixed annual sums that can be budgeted.

The medical care must be rendered by groups of doctors who pool their special abilities and activities for the benefit of themselves and their patients. This implies an elimination of rivalry for fees. All physicians in the group should work and earn equally. A basic drawing account should be supplemented by bonsuses the size of which would depend upon the good health of their patients and the consequent accrued surplus. It is a curious fact that it is the medical merchants who most loudly mouth the priestly character of the medical profession who are most insistent upon the right to fleece their patient-

public, and who most strenuously object to a reorganization of medicine that will provide merely a good income for the physician.

Medical education must be made freely available at little or no direct cost, and the capabilities of each physician should be developed to the utmost for the advantage of the community. This implies the elimination of the medical education and specialty rackets.

Hospital monopolies must be ended and their facilities should revert to public use and be available to all physicians. They also should be honestly and competently managed.

Medical literature should be made freely available to the members of the profession at a reasonable cost.

Drug monopolies and rackets, including the "acceptance" racket and price-fixing, and the extortionate prices for essential drugs should be eliminated. The best solution of this problem would be the reversion of patents on medical items that are essential for the health and life of the public to the State; and pensioning of the inventor or discoverer by the State.

Medical research and discovery should be stimulated by an adequate system of rewards; and their prompt publication and broadcasting should be fostered.

NEW YORK MEDICAL GUILD PLAN

An ideal plan that is entirely feasible and combines every feature that is desirable to all parties involved is one that I drew up and was offered to the public in 1930 by the New York Medical Guild.

For the medical profession the plan provides group medical practice; a minimal income of eight to ten thousand a year net; an eight hour day; vacations with pay; compulsory study for keeping abreast of medical advance; a pension and retirement plan; reward and bonus for preventive medicine based on continued good health of the clientele which serve to shift the profit motive to coincide with the interests of the public; and finally a uniform income for all professional members to eliminate commercial rivalry.

For the public the plan provides a higher grade of medical care than is available today at any price, at a cost that corresponds with the charges of the average clinic. For about eight cents a day, the public would receive all types of medical, preventive, surgical and specialty care, with periodic health examininations at the hands of cooperating groups of physicians. For an additional sum of less than seven cents a day hospital and nursing care would be provided.

The poor would join in the plan at the expense of the community. The millions of dollars which Organized Social Service now converts to its own uses would help defray the cost. The cost of the plan to the public could be further materially reduced if municipal hospitals were made available to the members of the Guild for the care of their patients. In any event the plan would represent a saving to the municipality and a material improvement in the medical care of the poor.

DOCTORS' BONUS FOR HEALTHY CLIENTELE

Under this plan a member would be the patient of a physician of his own choice working in cooperation with a group of associate physicians. The in-

come of the physicians of the group would be supplemented by bonuses, the size of which would depend upon the good health and freedom from illness of their group of patients. Consequently, each and every member of the group would have a real, sincere, and vital interest in the good health of clientele rather than in the number of operations and treatments that might befall or be inflicted upon them.

It can be expected that when the income of the doctors of the group depends upon protecting the health and life of their clientele they will very critically observe and control the work of their colleagues. They will demand of their colleagues the highest obtainable competence and the maximal development of ability. The highly critical check on the work of each member of the group by his colleagues prompted by the desire to increase their incomes by good work, would be certain to have a salutory effect on the quality of the services rendered the public.

SUPERIOR PHYSICIANS AND SERVICES INSURED

The plan provides an adequate income for the physicians coupled with leisure and an insistence on compulsory study to keep abreast of medical advances. This would be certain to improve the calibre of medical care and to stimulate medical research and discovery in the direction of protecting health and life.

Instead of giving rise to hurried, careless slovenly "mass production" methods which inevitably result from State Medicine and Compulsory Health Insurance, the Guild plan of group medicine would effect highly individualized and careful medical care by groups of physicians keenly interested in the patient's well being.

The plan also provides for a progressive reduction of the cost to the public when its reserves and surpluses had been built up. It also makes provision for "carrying" patients who were temporarily unable to pay due to unemployment or other causes. If the plan were launched with adequate financing or endowment, the cost could be set at a lower level from the start. Present price levels also permit a reduction in the rate.

DOCTORS' INTEREST BELIES PROPAGANDA OF ORGANIZED SOCIAL SERVICE

The interest of the rank and file of the medical profession in the provision of adequate medical care of the average man is borne out by the fact that in a short period of time the New York Medical Guild built up a membership of several hundred physicians intent upon joining the plan.

The Guild came into being at the time that the social-service-dominated, and Metropolitan Life Insurance Company and Milbank Fund subsidized, Committee for the Study of the Cost of Medical Care was indulging in propaganda designed to lead the public to believe that the medical profession was not interested in the provision of adequate medical care for the average man at a fee that he could afford. The willingness of the medical profession of New York City to join such a plan forced the Committee to reconsider and retract its false propaganda; and forced it to accept in principle the idea, of

group medical services at fixed annual fees advocated by the Guild. For although similar plans had been adopted in various sections of the country, the Guild plan was the most acceptable to the rank and file of the profession.

ORGANIZED MEDICINE OPPOSES PLAN

The medical merchants of the New York County Medical Society and the New York Academy of Medicine feared that their incomes would be reduced by such a plan, and on resounding "ethical" grounds they rejected it and brought the pressure of their power to bear against it. Dr. Bernard Sachs alone among the officers of the New York Academy of Medicine showed sincere and honest interest in the problem; he openly advocated and endorsed the provision of medical care for fixed annual fees by medical groups —the fundamental principles of the Guild plan.

Curiously enough, however, the Economic Committee of the New York County Medical Society approved of the Guild plan for adoption by the hospitals. The implications of their report were that the society desired to protect the incomes of the hospitals in preference to protecting the interests of the medical profession and its membership. The adoption of the Associated Hospital Service of New York plan for provision of incomes for the hospitals and of hospitalization of the public for limited periods of time at a fixed annual fee of ten dollars per year was a direct outgrowth of the Guild Plan.

ORGANIZED SOCIAL SERVICE OPPOSED PLAN

Most interesting and illuminating was the attitude of Organized Social Service toward the Guild's plan of provision of medical care for the public at fixed annual fees. Though the Guild approached the various social service organizations and philanthropies that pretended to be interested in such plans the responses varied from flat rejections of the invitation to cooperate, and antagonism, as in the case of E. A. Filene, Evans Clark, and the Twentieth Century Fund; to utter apathy on the part of Mr. Michael M. Davis, Director for Medical Services of the Julius Rosenwald Fund. They made it clear that they were not interested in any plan which did not give the social workers complete control and provide for them munificient salaries. The same groups have been actively pushing Wagner's Socialized Medicine Bill which provides munificently for social workers.

Many similar plans have been publicized and launched. None of them, however, permits of the possibility of superior medical care because they do not provide for an adequate charge or sufficient income for the physicians to enable them to develop their capacities. In most of them the physician is merely an employee rather than a free agent, and thus the incentive to superior services is absent. They also have not a democratic organization within the medical group or the bonus and other incentives.

PUBLIC UNINTERESTED IN MEDICAL COSTS

Though tremendous volume of publicity was given the Guild plan there was little public response. The public apparently was unwilling to pay anything for medical services so long as they knew it was obtainable free or at

nominal cost from the clinics of the city. The inference was clearly that the public do not desire to pay for something that they can get for nothing; that they are not aware of any deficiencies in the quality of medical care which they receive; and that they do not recognize the existence of any problem in medical care.

The experience of a group of 5,000 doctors organized in the California Physician's Service in 1939 for voluntary health insurance has been identical. They have found that the public is little concerned about the cost of medical care and still less interested in health insurance. In four months of intensive drive they have been able to secure only 3,000 members.

It is doubtful that years of propaganda by Organized Social Service has materially changed the picture; which may explain why it is attempting to gain its objectives by making health insurance compulsory. That would solve the problem of the social worker, but would merely aggravate those of the medical profession and of the public.

NEW YORK PLAN INSURING MEDICAL COSTS DOOMED TO FAILURE

It is idle to dream that any compulsory plan or bureaucratic system will improve medical care. For the life of the patient often depends on such intangibles as the physician's good will and solicitude. These can not be commanded or demanded. They can only be elicited by a rational system of rewards. It is only through voluntary, collaborative plans that the highest grade of medical care can be expected to develop.

Equally ineffective and doomed to failure in advance, are plans advocated by Organized Medicine for insuring medical costs up to a certain amount. Laws permitting the issuance of such insurance have been passed in several states, including New York. *It can be predicted with certainty that the result will be padded medical and surgical bills aimed at absorbing the entire sum insured.*

The cost of medical care at the hands of medical merchants will be materially increased by the plan and additional costs over and above the insured limit will be imposed on patients up to the limit of their capacity to pay. It will work out in much the same manner as has the amended Workmen's Compensation Bill. *The gravest defect of the plan, however, is that the doctor's profit and interest lies in the patient's ill health and in operations and treatments; and the patient's purse is as seriously endangered thereby as ever.* It is no solution of the problem.

FORMS THAT ATTEMPTED SOLUTION MUST NOT TAKE

It should be obvious to a tyro that there are some forms that attempts at solution of the problem of medical care should not take. Any attempt to solve the problem that jeopardizes the livelihood of the public and thereby threatens their ability to provide for themselves the necessities of life, is doomed to failure. For this reason plans that compel the employer to pay part of the costs and penalize him for giving employment are utterly unsound.

To intelligent persons these plans should appear objectionable for other

reasons. They are a reversion to medievalism and feudalism, the essence of totalitarianism. They constitute in principle a reassertion of the property right of the employer in his employee. For only on the ground of self interest can the employer be called upon justly to pay any part of the cost of medical care of his employees, in any case other than illness or injury arising directly out of employment. Such payment implies the surrender of his privacy by the worker; for when the employer pays for the services, he is entitled to know its nature and significance.

Such plans imply the surrender of concepts of independence and freedom. That was precisely Bismarck's objective when he introduced his program. It appears inconceivable that a people who have enjoyed the blessings of freedom should in this manner consent to being shackled.

THE ONLY ULTIMATE SOLUTION OF THE COST OF MEDICAL CARE IS A SOLUTION OF THE PROBLEM OF THE ECONOMIC ORGANIZATION OF SOCIETY.

APPENDIX

Due to the widespread interest created in my discoveries on deafness recently presented before the Acoustical Society of America at its convention held at the Bureau of Standards, at Washington, D. C., during the process of preparation of this book, I have decided to meet the problem of replying to numerous requests for information on the subject by including in this book the papers there presented. These are excerpts of my forthcoming book entitled, "WHY BE DEAF?"

DEAFNESS AND ROARING TINNITUS DUE TO VITAMIN E DEFICIENCY

By Emanuel M. Josephson, M.D.
New York City

Many victims of deafness experience the anomaly of continually hearing an amazing orchestra of noises arising within the ear. These noises are many and varied: the high-pitched pea-nut whistle, the sizzling of escaping steam, the throbbing of a pump, the roaring and pounding of surf, the chirping of crickets, the howl of a gale, the rustling of wind-blown leaves, sudden loud clashes and eerie voices are but a few illustrations. It is not surprising that some of the victims suffer from delusions, hallucinations and mental upsets. Martin Luther relates in his writings that he was continually tormented by such noises which he regarded as temptations of the devil; and that he often awoke in the night, when the noises became too annoying, and threw his inkwell or any other handy object in their direction to drive the devils away.

The deafness of these cases is partly, and sometimes largely, caused by the masking of incoming sound by subjective noises, which create intolerable bedlam and confusion. This distressing type of deafness has been, in the past, a hopeless problem. The loss of hearing generally involves the whole range of frequencies, though the lower frequencies are less severely impaired and the higher frequencies, more severely. Usually there is a total loss of hearing of tones over 2000 cycles in the more advanced cases. Several years ago it was found that intramuscular injection of prostigmine would give some temporary relief from the tinnitus and deafness; but it was soon discovered that the response to the drug wears off and it then fails to give even transient relief.

MYASTHENIA GRAVIS DISCOVERY GIVES THE CLUE

In the course of the development of a new form of treatment of myasthenia gravis and muscular dystrophy,* during the past three years, I have found in a series of cases that associated tinnitus and deafness abated and cleared up simultaneously with the muscular condition. Both are mani-

* See p. 269.

festations of deficiencies of diet, especially of vitamin E, the so-called "fertility vitamin," and of endocrine gland insufficiency. This work throws some interesting light on the physiology and acoustics of hearing.

Myasthenia gravis and muscular dystrophy are members of a group of disorders of the body chemistry that severely impair the nutrition of the muscles and their nerve endings. They are characterized by rapid fatigue, progressive weakness and finally wasting of the muscles. In myasthenia gravis the muscles of the eyes and face are often the first involved. Dr. Evans and his co-workers and Drs. Sergius Morgulis and Howland C. Spencer found, several years ago, that muscular dystrophy can be produced in rabbits by depriving them of foods containing vitamin E and can be remedied by supplying the vitamin.

In 1938, I demonstrated in a series of cases that both myasthenia gravis and muscular dystrophy in the human can be successfully treated with vitamin E supplemented by an adequate diet combined with mineral and glandular therapy that alone was ineffective. In June 1939, I reported my results, especially those phases of them which involved the eye muscles, before the Essex County Optometric Society. Some of these findings have been confirmed by Dr. Franklin Bicknell in an article published in a January 1940 issue of Lancet, and were later confirmed by others.

MECHANISM OF VITAMIN E ACTION

In my study I was able to determine the mechanism of action of vitamin E. I found that the victims excreted in their urine amounts of creatine which were far higher than normal. Creatine, in combination with phosphoric acid, is essential for the normal activities of muscles. When patients in the early stages of the disease were fed substances such as gelatine or amino-acetic acid, from which the body can form creatine, their symptoms improved for a while, in spite of the fact that the amount of creatine excreted in the urine was also increased proportionately. But as time went on, the proportionate amount of creatine lost in the urine increased and the patient's condition progressed. This meant a progressive failure of the body to retain adequate creatine for muscle activity. At this stage, transient improvement could be obtained by the administration of such substances as guanidine, which increases muscular irritability, and prostigmine; also by the administration of sodium, potassium and manganese salts and of the adrenal cortex and other hormones.

Wheat germ oil, vitamin E, or its active principle alpha-tocopherol, promptly caused a drop in the excretion of creatine. The condition of the patients improved steadily and promptly under the treatment, especially when combined with other indicated therapy. Eye muscle paralyses, squints and drooping lids returned to normal. The face lost its mask-like appearance. Tinnitus cleared up and hearing improved. Muscular strength increased, and invalid patients returned to their normal activities.

ABOUT HALF THE ROARING TINNITUS CASES RESPOND

The modus operandi of vitamin E in the treatment of tinnitus and associated deafness can be understood readily in terms of its effect on body

muscles. The tinnitus is evidently due to involvement of the tiny muscles attached to the ossicular chain of the middle ear, the tensor tympani and the stapedius muscles. These muscles form, with the eardrum and the ossicles, the accommodative mechanism of the middle ear which protect the inner ear from the shock of overloud sounds. Impairment of their chemistry results in twitching and fibrillation of the muscles causing corresponding movements in the eardrum and the ossicles; slight movement or friction in the middle ear gives rise to loud noises. Almost half of the group of deafness associated with roaring tinnitus, I have found, fall into this group. It might be mentioned in passing that there is no reason for assuming that the factor of vitamin E which is responsible for its action on muscle metabolism differs from that involved in its action as a fertility factor. For the tonus and action of a number of muscles are fundamentally involved in the process of procreation.

These findings set in bold relief the significance of the accommodative mechanism of the middle ear for hearing.

SUPPLEMENTARY DATA

Many preparations of vitamin E and wheat germ oil are now available in the market, either under chemical or trade names, in liquid or capsule form, that are stable and guarded against deterioration. The average wheat germ oil capsule contains about five drops of the oil concentrate. *The vitamin should be taken by mouth only.*

The dose required by each person varies, as in the case of all vitamin and gland preparations. It can be determined in one of two manners: either by watching the clinical response to various doses; or it can be regulated according to chemical findings of creatine in the urine, in which case the dosage is the amount that will keep the creatine at the lowest level. The average dosage required is the equivalent of three grams of wheat germ oil three times a day, or one capsule of the average concentrate three times a day; but the dosage may vary widely. Alpha tocopherol, the active principle, may be taken in proportionate doses.

Vitamin E also should be included in the diet. It is found in Nature in many foods. Unfortunately, it has been eliminated from flour, bread and other foods by the processes of refining and processing. Among the foods especially rich in vitamin E are the following:

Bananas	Kale	Spinach
Beef	Lettuce	Water-cress
Egg yolk	Liver	Wheat germ

There should be included in the diet substances from which the body produces creatine, such as gelatine or the chemical, amino-acetic acid or glycocoll.

Vitamin deficiencies are usually multiple and often are associated with other diet deficiencies. These should be corrected. Likewise, disturbances of the glands of internal secretion profoundly affect the body's metabolism. Thus thyroid hyperactivity increases the output of creatine; but this can be checked by vitamin C in combination with vitamin E.

Results can not be expected without the elimination of physical and reflex causes of ear disorders. In the proper type of case, results can be obtained, as a rule, in not less than three to six months of proper and adequate treatment. It must be borne in mind that this type of deafness and tinnitus is one of several varieties due to different causes. Another of them is discussed in the following paper.

108 E. 81st St.

THE RELIEF OF CONDUCTION DEAFNESS IN PROGRESSIVE DEAFNESS

By Emanuel M. Josephson, M.D.
New York City

It has been assumed that the prime function of the middle ear mechanism is the transmission of sound to the inner ear. This assumption is based on a curious episode in the history of otology. For many decades in the latter half of the past century there raged a controversy between two groups of otologists and their allied physicists on the mode of transmission of sound to the inner ear. One group consisted of Professor Pollitzer who was supported by Professor Helmholtz. The other group was led by Dr. Weber-Liel and was supported by the mathematician Riemann and others.

The Pollitzer-Helmholtz group advocated the view that the transmission occurred by way of the chain of ossicles and the oval window, and adduced such so-called "proof" as the vibration due to overloading of the isolated ossicles by the loud tones of an organ. The other group adduced experimental and clinical evidence that the transmission takes place by way of the air of the middle ear and the round window.

Bested in the battle of experiments, Professor Pollitzer undertook to uphold his dignity and reputation and to end the controversy in his favor by a political expedient. He put the matter to a vote at the Berlin Otologic Congress of 1895. With the help of the prestige of Helmholtz he carried the day. On the basis of this "committee research" and this episode, the ossicular chain transmission theory is dogmatically accepted as fact.

There continues to accumulate evidence of the falseness of this dogma. Many persons in whom the eardrums and ossicles are largely destroyed, hear normally in the average range of intensities. But when the intensity of low frequencies becomes excessive, they suffer from acoustical shock, from which the normal ear is protected by the accommodative mechanism of the eardrums and ossicles.

It is easy to demonstrate to oneself the function of the accommodative mechanism of the middle ear. In the presence of a noise of high intensity, hold the nose closed by pinching together the nostrils and blow hard on it so as to force air into the ear. If the ears are normal it will be found that the intensity of the low frequencies and of the high frequencies is cut down. The effect is striking when the test is made in the presence of a roaring

airplane engine. The process permits of a degree of analysis of the noise, indicating the effectiveness of the middle ear mechanism as an analyzer. This effect is not readily observable at low intensities.

Almost a decade ago I presented to this Society data on a type of impairment of hearing due to chronic changes in the eardrum and changes in the accommodative mechanism of the middle ear which impair its conductivity of sound. Reference was made to the studies of Johann Tröger on the impedance offered by the normal eardrum to sound conduction. I then pointed out that it has long been known that it is possible to improve hearing in this type of deafness by incising or excising the eardrum and thereby eliminating the sound impedance which it offers. I also presented a number of audiometric charts which illustrated the improvement which could be obtained.

Of special interest was the fact that the effect of mere incision of the eardrum was selective. Different frequencies responded to incision of different regions of the eardrum.

It is apparent that too little attention has been paid to the consideration of the action of the middle ear accommodative mechanism in the analysis of the phenomena of hearing. Troger's work has indicated that the natural resonant frequency of the eardrum as a whole is about 800 cycles; whereas the resonant frequency of the cochlea has been shown to be higher. His work showed a definite change of response with higher intensities which is explainable in terms of what has been related. In the low frequencies the acoustic impedance of the eardrum is relatively great. The response of the higher frequencies indicates that sections of the eardrum may resonate to different frequencies and that the drum is actually a composite membrane. These factors no doubt enter into the non-linear response of the ear.

I venture to bring up the subject again because there has been brought to the fore recently the matter of eliminating the impedance to sound of the eardrum and the middle ear by a major operation on the inner ear which involves risk to life as well as to hearing. The results that are obtainable from the relatively minor procedure of incising or excising the eardrum fully equal those that can be obtained with the major "fenestration" operation, and involve considerably less risk.

The danger of the eardrum operations is very slight. The danger of the "fenestration" operations is illustrated by the case of a woman who underwent the recently publicized operation at the hands of its foremost proponents, who describes her present state as follows:

> "Ever since the operation my eyes have been bothering me. I write you to ask if I have any chance of hearing again?"

Neither the "fenestration" operations nor those on the eardrum are "cures" of deafness. They merely relieve the deafness temporarily while the cause continues to aggravate the deafness and to destroy the gain made by operation. The cure and prevention of deafness demands further study and research.

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